2004 - Health and Welfare Senate Temporary Rule (Salmon)

ADMINISTRATIVE RULES REVIEW

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Legislative Session 2004

2004 - Health and Welfare Senate Temporary Rule (Salmon)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.02.03 - RULES GOVERNING EMERGENCY MEDICAL SERVICES

DOCKET NO. 16-0203-0401

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: These temporary rules are effective April 1, 2004.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Section 56-1017, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than January 21, 2004.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a non-technical explanation of the substance and purpose of the proposed rulemaking:

The purpose of these rule changes is to implement legislation that created a new designated Emergency Medical Technician-Intermediate (EMT-I) described in Section 56-1012, Idaho Code. Existing sections were revised to reflect the new designation and new sections and definitions were added to ensure that the EMT-I position meets training and qualification standards.

The proposed rule text is in legislative format. Language the agency proposes to add is underlined. Language the agency proposes to delete is struck out. It is these additions and deletions to which the public comment should be addressed.

TEMPORARY RULE JUSTIFICATION: Temporary rules have been adopted in accordance with Section 67-5226(1)(a), Idaho Code and are necessary in order to protect the public health, safety, or welfare.

NEGOTIATED RULEMAKING: Informal negotiated rulemaking was conducted with the EMT-I Task Force.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Dia Gainor at (208) 334-4000.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before January 28, 2004.

DATED this 14th day of November, 2003.

Sherri Kovach, Program Supervisor
DHW – Administrative Procedures Section
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THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0203-0401

000. LEGAL AUTHORITY.
The Idaho Board of Health and Welfare is authorized under Section ~~*39-145*~~ 56-1017, Idaho Code, to adopt rules concerning the administration of the Idaho Emergency Medical Services Act. ~~*(3-30-01)*~~(4-1-04)T

(BREAK IN CONTINUITY OF SECTIONS)

004. INCORPORATION BY REFERENCE.
The Board of Health and Welfare has adopted the Minimum Equipment Standards for Licensed EMS Services, 200~~0~~4 edition, Version ~~3~~4.0, as its standard on required EMS equipment and hereby incorporates the Standards by reference. Copies of the Equipment Standards may be obtained from the EMS Bureau, 590 W. Washington Street, Boise, Idaho 83702, P.O. Box 83720, Boise, Idaho 83720-0036. ~~*(3-30-01)*~~(4-1-04)T

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (4-1-04)T

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-1-04)T

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-1-04)T

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-1-04)T

05. Internet Websites. (4-1-04)T

a. The Department's internet website is found at “http://www2.state.id.us/dhw/”. (4-1-04)T

b. The Emergency Medical Services Bureau's internet website is found at “http://www.idahoems.org”. (4-1-04)T

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS ACT COMPLIANCE AND REQUESTS.

01. Confidentiality Of Records. Any disclosure of confidential information used or disclosed in the course of the Department's business is subject to the restrictions in state or federal law, federal regulation and Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, “Use and Disclosure of Department Records”. (4-1-04)T

02. Public Records Act. Individuals have a right to review and copy records maintained by the Department, subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 3, Idaho Code, these rules, and state and federal laws that make records confidential. The Department’s Administrative Procedures Section (APS) and designated custodians in Department offices receive and respond to public records requests. The APS can be reached at the mailing address for the Department’s business office. Non-identifying or non-confidential information provided to the public by the Department in the ordinary course of business are not required to be reviewed by a public records custodian. Original records must not be removed from the Department by individuals who make public records requests. (4-1-04)T

00~~5~~7. -- 009. (RESERVED).

010. DEFINITIONS AND ABBREVIATIONS.
For the purposes of these rules, the following terms and abbreviations will be used, as defined below: (7-1-80)

01. Advanced Emergency Medical Technician-Ambulance (AEMT-A). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an ~~*intermediate*~~ advanced EMT training program, examination, subsequent required continuing training, and recertification. ~~*(7-1-97)*~~(4-1-04)T

02. Advanced Life Support (ALS). The provision of medical care, medication administration and treatment with medical devices which correspond to the knowledge and skill objectives in the EMT-Paramedic curriculum currently approved by the State Health Officer in accordance with Subsection 201.04 of these rules and within the scope of practice defined in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, by persons certified as EMT-Paramedics in accordance with these rules. (4-5-00)

03. Advertise. Communication of information to the public, institutions, or to any person concerned, by any oral, written, or graphic means including handbills, newspapers, television, radio, telephone directories and billboards. (4-5-00)

04. Agency. An applicant for designation or a licensed EMS service seeking designation. (4-5-00)

05. Ambulance. Any privately or publicly owned ground vehicle, nautical vessel, fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport. (7-1-97)

06. Ambulance-Based Clinicians. Licensed Professional Nurses, Advanced Practice Professional Nurses, and Physician Assistants with current licenses from the Board of Nursing or the Board of Medicine, who are personnel provided by licensed EMS services. (4-5-00)

07. Board. The Idaho State Board of Health and Welfare. (12-31-91)

08. Certification. A credential issued to an individual by the EMS Bureau for a specified period of time indicating that minimum standards corresponding to one (1) or several levels of EMS proficiency have been met. (7-1-97)

09. Certified Personnel. Individuals who have completed training and successfully passed examinations for training and skills proficiency in one (1) or several levels of emergency medical services. (7-1-97)

10. Critical Care Transfer (CCT). The transportation of a patient with continuous care, monitoring, medication or procedures requiring knowledge or skills not contained within the EMT-Paramedic curriculum approved by the State Health Officer. Interventions provided by EMT-Paramedics are governed by the scope of practice defined in IDAPA 22.01.06, "Rules for EMS Personnel~~,~~" ~~*Subsection 011.05*~~. ~~*(4-5-00)*~~(4-1-04)T

11. Director. The Director of the Department of Health and Welfare or designated individual. (12-31-91)

12. Division. The Idaho Division of Health, Department of Health and Welfare. (11-19-76)

13. Emergency. A medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the person's health in serious jeopardy, or in causing serious impairments of bodily function or serious dysfunction of any bodily organ or part. (4-5-00)

14. Emergency Medical Services (EMS). The services utilized in responding to a perceived

individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. (11-19-76)

15. EMS Bureau. The Emergency Medical Services (EMS) Bureau of the Idaho Department of Health and Welfare. (11-19-76)

16. EMS Standards Manual. A manual published by the EMS Bureau detailing policy information including EMS education, training, certification, licensure, and data collection. (7-1-97)

17. Emergency Medical Technician-Ambulance (EMT-A). A designation issued to an EMT-B by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of supervised in-field experience. (7-1-97)

18. Emergency Medical Technician-Basic (EMT-B). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a basic EMT training program, examination, subsequent required continuing training, and recertification. (7-1-97)

19. Emergency Medical Technician-Intermediate (EMT-I). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an intermediate training program, examination, subsequent required continuing training, and recertification. (4-1-04)T

~~19~~20. Emergency Medical Technician-Paramedic (EMT-P). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a paramedic training program, examination, subsequent required continuing training, and recertification. (7-1-97)

2~~0~~1. First Responder. An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a first responder training program, examination, subsequent required continuing training, and recertification. (7-1-97)

2~~1~~2. Licensed EMS Services. Ambulance services and non-transport services licensed by the EMS Bureau to function in Idaho. (7-1-97)

2~~2~~3. National Registry Of Emergency Medical Technicians (NREMT). An independent, non-governmental, not for profit organization which prepares validated examinations for the state's use in evaluating candidates for certification. (7-1-97)

2~~3~~4. Non-Transport. A vehicle design or organizational configuration which brings EMS personnel or equipment to a location, but does not move any sick or injured person from that location. (7-1-97)

2~~4~~5. Out-Of-Hospital. Any setting outside of a hospital, including inter-facility transfers, in which the provision of EMS may take place. (4-5-00)

2~~5~~6. Physician. A person licensed by the State Board of Medicine to practice medicine or surgery or osteopathic medicine or surgery in Idaho. (11-17-96)

2~~6~~7. Pre-Hospital. Any setting (including standbys) outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. (4-5-00)

2~~7~~8. State Health Officer. The Administrator of the Division of Health. (11-19-76)

2~~8~~9. Transfer. The transportation of a patient from one (1) medical care facility to another by ambulance. (4-5-00)

011. -- 099. (RESERVED).

100. STATEWIDE EMS ADVISORY COMMITTEE.
The Director will appoint a Statewide EMS Advisory Committee to provide counsel to the Department in

administering the EMS Act. The Committee members will have a normal tenure of three (3) years after which time they may be excused or reappointed. However, in order to afford continuity, initial appointments will be made to one-third (1/3) of the membership for two (2) years, one-third (1/3) for three (3) years, and one-third (1/3) of the membership for four (4) years. The Committee chairman will be selected by the State Health Officer. (7-1-97)

01. Committee Membership. The Statewide EMS Advisory Committee will be constituted as follows: (7-1-80)

a. One (1) representative recommended by the State Board of Medicine; and (4-8-94)

b. One (1) representative recommended by the Idaho Chapter of ACEP; and (4-8-94)

c. One (1) representative recommended by the Committee on Trauma of the Idaho Chapter of the American College of Surgeons; and (4-8-94)

d. One (1) representative recommended by the State Board of Nursing; and (4-8-94)

e. One (1) representative recommended by the Idaho Medical Association; and (4-8-94)

f. One (1) representative recommended by the Idaho Hospital Association; and (4-8-94)

g. One (1) representative of local government recommended by the Idaho Association of Counties; and (4-8-94)

h. One (1) representative of a career third service EMS/Ambulance organization; and (4-8-94)

i. One (1) representative of a volunteer third service EMS/Ambulance organization; and (4-8-94)

j. One (1) representative of a third service non-transport EMS organization; and (4-8-94)

k. One (1) representative of a fire department based EMS/Ambulance recommended by the Idaho Fire Chiefs Association; and (4-8-94)

l. One (1) representative of a fire department based non-transport EMS organization; and (4-8-94)

m. One (1) representative of an air medical EMS organization; and (7-1-97)

n. One (1) Emergency Medical Technician-Basic who represents the interests of Idaho providers certified at that level; and (4-8-94)

o. One (1) Advanced Emergency Medical Technician-Ambulance who represents the interests of Idaho providers certified at that level; and (7-1-97)

p. One (1) Emergency Medical Technician-Intermediate who represents the interests of Idaho providers certified at that level; and (4-1-04)T

~~p~~**q.** One (1) Emergency Medical Technician-Paramedic who represents the interests of Idaho providers certified at that level; and (4-8-94)

~~q~~**r.** One (1) representative who is an administrative county EMS director; and (4-8-94)

~~r~~**s.** One (1) EMS instructor who represents the interests of Idaho EMS educators and evaluators; and (4-8-94)

~~s~~**t.** One (1) consumer; and (4-5-00)

~~t~~**u.** One (1) representative of a private EMS transport organization; and (4-5-00)

~~t~~**v.** One (1) pediatrician who represents the interests of children in the EMS system recommended by the Idaho Chapter of the American Academy of Pediatrics; and (3-30-01)

~~v~~**w.** One (1) board certified or equivalent pediatric emergency medicine physician. (3-30-01)

02. Responsibilities Of Committee. The EMS Advisory Committee will meet at least annually or as needed for the purposes of: (7-1-80)

a. Reviewing policies and procedures for provision of emergency medical services and recommending same to the Division; (11-19-76)

b. Reviewing EMS training curricula, training standards, and examination processes and recommending same to the Division; (4-8-94)

c. Reviewing EMS candidate selection policy and candidate performance requirements and recommending to the Division certification of standards for EMS personnel; (7-1-97)

d. Reviewing and making recommendations for disciplinary action regarding EMS personnel who have not complied with EMS policies; (11-19-76)

e. Reviewing and making recommendations on the licensing of ambulance services in Idaho. (11-19-76)

f. Reviewing and making recommendations on the licensing of non-transport services in Idaho. (7-1-97)

(BREAK IN CONTINUITY OF SECTIONS)

201. STANDARDS.
All initial training programs must be conducted in accordance with the following criteria: ~~*(7-1-97)*~~(4-1-04)T

01. Course Coordinator. Each EMS training program must have a designated course coordinator who ~~*shall have*~~ has overall responsibility for management of the course and specific duties, including: ~~*(7-1-97)*~~(4-1-04)T

a. Documentation of candidate qualifications, attendance, skill proficiency, and clinical sessions; (7-1-97)

b. Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught; (7-1-97)

c. Coordination of access for candidates into health care facilities and licensed EMS services in accordance with the curriculum of the course; (7-1-97)

d. Acquisition of equipment for all skills objectives within the curriculum being taught. (7-1-97)

02. Instructor Qualifications. The course instructor(s) conducting EMS training courses must meet the appropriate qualifications established in Sections 225 through 2~~29~~30 of these rules. ~~*(7-1-97)*~~(4-1-04)T

03. Physician Oversight. AEMT-A, EMT-I, and EMT-P training courses must be conducted under the direction of a physician. ~~*(7-1-97)*~~(4-1-04)T

04. Curriculum And Equipment. Training courses must use course curricula approved by the State Health Officer and have access to equipment related to all skills objectives within the curricula. (7-1-97)

(BREAK IN CONTINUITY OF SECTIONS)

206. CONSISTENCY WITH NATIONAL STANDARDS.
The EMS Bureau ~~*shall*~~ considers the National Standard Curriculum and the National EMS ~~*Education &*~~ Scope of Practice ~~*Blueprint*~~ Model as models for design or adaptation of EMS training program content and EMS certification levels. ~~*(7-1-97)*~~(4-1-04)T

(BREAK IN CONTINUITY OF SECTIONS)

226. QUALIFICATIONS OF EMT-BASIC COURSE INSTRUCTORS.
EMT-Basic course instructors must be approved by the EMS Bureau, based on the following requirements: (7-1-97)

01. Application. Submission of an application to the EMS Bureau; (7-1-97)

02. Adult Instructional Methodology. Completion of ~~*Division of Vocational Education/Idaho Emergency Services Training's sixteen (16) hour "EMS Instructor Training" course or equivalent;*~~ one (1) or more courses approved by the EMS Bureau based on content that includes the following instructional methodologies: ~~*(7-1-97)*~~(4-1-04)T

a. The adult learner; (4-1-04)T

b. Learning objectives; (4-1-04)T

c. Learning process; (4-1-04)T

d. Lesson plans; (4-1-04)T

e. Course materials; (4-1-04)T

f. Preparation; (4-1-04)T

g. Teaching aids; (4-1-04)T

h. Teaching methods; and (4-1-04)T

i. Evaluations. (4-1-04)T

03. EMS Instructor Orientation ~~***To The Curriculum***~~. Completion of the ~~*Division of Vocational Education/Idaho Emergency Services Training's original twenty-four (24) hour "EMT Basic Instructor Orientation" course; or completion of a twenty-four (24) hour provider "EMT-Basic Transitional Course" plus Division of Vocational Education/Idaho Emergency Services Training's instructor-specific eight (8) hours "EMT Instructor Orientation" course;*~~ EMS Bureau orientation program for EMS instructors or equivalent; and ~~*(7-1-97)*~~(4-1-04)T

04. Certification. Certification at or above the level of curriculum being taught, for at least three (3) years. Licensed individuals and other health care providers must also be certified at the EMT level. (7-1-97)

227. PRIMARY OR LEAD EMT-BASIC INSTRUCTORS.
Primary or lead instructors ~~*shall*~~ must be approved as EMT-Basic Course Instructors, ~~*shall*~~ personally instruct at least seventy-five percent (75%) of the didactic training of the course, and ~~*shall*~~ instruct or oversee the skills training in the curriculum. ~~*(7-1-97)*~~(4-1-04)T

(BREAK IN CONTINUITY OF SECTIONS)

230. EMT-INTERMEDIATE INSTRUCTORS.
All EMT-I primary or lead instructors must meet the following criteria: (4-1-04)T

01. Certification. One (1) of the following must be documented: (4-1-04)T

a. Three (3) or more years of certification at or above the EMT-I level; (4-1-04)T

b. Idaho licensure as a physician, licensed professional nurse or other mid-level health care provider, and current certification at any EMS provider level; (4-1-04)T

c. Employment as an instructor by a college or university and teaching an accredited paramedic program. (4-1-04)T

02. Adult Instructional Methodology. Completion of one (1) or more courses approved by the EMS Bureau based on content as listed in Subsection 226.02 of these rules. (4-1-04)T

03. EMS Instructor Orientation. Completion of an EMS Bureau orientation program for EMS instructors, or equivalent, within eighteen (18) months of the proposed course start date or instructor application submission. (4-1-04)T

04. Application. Submission of an application to the EMS Bureau documenting credentials, education or experience that correspond to the knowledge and skills objectives being taught. (4-1-04)T

05. Bureau Approval. Approval will be verified for every primary or lead EMT-Intermediate instructor listed on each EMT-Intermediate course application. (4-1-04)T

06. Primary Or Lead Instructors. Primary or lead instructors must personally instruct or monitor at least ninety percent (90%) of the didactic training of the course, and must instruct or oversee the skills training in the curriculum. (4-1-04)T

23*0*1. -- 299. (RESERVED).

300. AMBULANCE SERVICE STANDARDS.
*In order t*To qualify for licensing as an ambulance service *pursuant to* under Section *39-144* 56-1016, Idaho Code, the applicant *shall* must demonstrate compliance with the following: *(7-1-97)*(4-1-04)T

01. Ambulances Vehicles. All ambulance vehicles must meet one (1) of the following conditions to be licensed: *(7-1-97)*(4-1-04)T

a. The vehicle meets or exceeds any federal, industry, or trade specifications or standards for ambulance vehicles as identified by the applicant. (7-1-97)

b. The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-97)

02. Required Ambulance Equipment. Each ambulance must be equipped with the following: (7-1-97)

a. Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. (7-1-97)

b. Mobile radio on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (11-19-76)

c. Safety equipment and personal protective supplies for certified personnel and other vehicle occupants as specified in the Minimum Equipment Standards, including materials to provide for body substance isolation and protection from exposure to communicable diseases ~~*pursuant to*~~ and pathogens under Section ~~*39-145*~~ 56-1017, Idaho Code. ~~*(7-1-97)*~~(4-1-04)T

03. Ambulance Personnel. The ambulance service ~~*shall*~~ must demonstrate that a sufficient number of personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability in accordance with Section ~~*39-144 (3)*~~ 56-1016, Idaho Code. The service ~~*shall*~~ must describe its anticipated staffing patterns per vehicle and shift on the application supplied by the EMS Bureau. The annual inspection by the EMS Bureau ~~*shall*~~ must include a review of the ambulance service personnel staffing configuration. ~~*(7-1-97)*~~(4-1-04)T

04. Records To Be Maintained. The ambulance service must maintain records of each ambulance response and submit them to the EMS Bureau at least quarterly in a form approved by the EMS Bureau. These records must include at least the following information: (7-1-97)

a. Name of ambulance service; and (11-19-76)

b. Date of response; and (7-1-97)

c. Time call received; and (11-19-76)

d. Time en route to scene; and (7-1-97)

e. Time arrival at scene; and (11-19-76)

f. Time service departed scene; and (7-1-97)

g. Time arrival at hospital; and (11-19-76)

h. Location of incident; and (11-19-76)

i. Description of illness/injury; and (11-19-76)

j. Description of patient management; and (11-19-76)

k. Patient destination; and (11-19-76)

l. Ambulance unit identification; and (11-19-76)

m. Identification and certification level of each ambulance crew member on the response; and (7-1-97)

n. Response outcome. (7-1-97)

05. Communications. Ambulance service dispatch ~~*shall*~~ must be in accordance with Section ~~*39-144 (4)*~~ 56-1016, Idaho Code. The application for licensure ~~*shall*~~ must describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau ~~*shall*~~ will include a review of the ambulance service dispatch and communications configuration. ~~*(7-1-97)*~~(4-1-04)T

06. Medical Control Plan. The ambulance service ~~*shall*~~ must describe the extent and type of supervision by a licensed physician that is available to certified personnel. The annual inspection by the EMS Bureau

~~shall~~ will include a review of the ambulance service medical control configuration. ~~(7-1-97)~~(4-1-04)T

07. Medical Treatment Protocols. The ambulance service ~~shall~~ must submit a complete copy of the medical treatment protocols and written standing orders under which its certified personnel will function with the application for licensure. ~~(7-1-97)~~(4-1-01)T

08. Training Facility Access. The applicant ~~shall~~ must describe the arrangements which will provide access to clinical and didactic training locations, in the initial application for service licensure. ~~(7-1-97)~~(4-1-04)T

09. Geographic Coverage Description. Each application for initial licensure ~~shall~~ must contain a specific description of the Idaho jurisdiction(s) that the ambulance service will serve using known geopolitical boundaries or geographic coordinates. ~~(7-1-97)~~(4-1-04)T

~~**10. Local Governmental Authorization**. The applicant for initial and subsequent ambulance licensure shall document compliance with all local ordinances and ambulance district requirements for every jurisdiction that will be served by the applicant.~~ ~~(7-1-97)~~

1~~1~~0. Required Application. The applicant ~~shall~~ must submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form ~~shall~~ will be available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. ~~(7-1-97)~~(4-1-04)T

1~~2~~1. Inspection. Representatives of the EMS Bureau are authorized to enter the applicant's facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the ambulance services' vehicle(s) and equipment, ambulance response records, and other necessary items to determine eligibility for licensing by the state of Idaho in relation to the minimum standards in Section ~~39-144~~ 56-1016, Idaho Code. ~~(7-1-97)~~(4-1-04)T

1~~3~~2. License. Ambulance services must be licensed on an annual basis by the EMS Bureau. (7-1-97)

301. NON-TRANSPORT SERVICE STANDARDS.
In order to qualify for licensing as a non-transport service ~~pursuant to~~ under Section ~~39-144~~ 56-1016, Idaho Code, the applicant ~~shall~~ must demonstrate compliance with the following: ~~(7-1-97)~~(4-1-04)T

01. Vehicles. All vehicles must meet one (1) of the following conditions to be licensed: (7-1-97)

a. The vehicle meets or exceeds standards for that type vehicle, including federal, industry, or trade specifications, as identified by the applicant and recognized and approved by the EMS Bureau. (7-1-97)

b. The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-97)

02. Required Equipment For Non-Transport Services. Certified personnel ~~shall~~ must have access to required equipment. The equipment ~~shall~~ must be stored on a dedicated response vehicle, or in the possession of certified personnel. The application for licensure as a non-transport service ~~shall~~ must include a description of the following: ~~(7-1-97)~~(4-1-04)T

a. Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. (7-1-97)

b. Mobile or portable radio(s) on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (7-1-97)

c. Safety equipment and personal protective supplies for certified personnel and other vehicle occupants as specified in the Minimum Equipment Standards for Licensed EMS Services, including materials to

provide for body substance isolation and protection from exposure to communicable diseases ~~pursuant to~~ under Section ~~39-145~~ 56-1017, Idaho Code. ~~(7-1-97)~~(4-1-04)T

03. Non-Transport Service Personnel. The non-transport service ~~shall~~ must demonstrate that a sufficient number of certified personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability. Exceptions to this requirement may be granted by the EMS Bureau when strict compliance with the requirement would cause undue hardship on the community being served, or would result in abandonment of the service. The annual inspection by the EMS Bureau ~~shall~~ will include a review of the personnel staffing configuration. ~~(7-1-97)~~(4-1-04)T

04. Records To Be Maintained. The non-transport service must maintain records of each EMS response in a form approved by the EMS Bureau that include at least the following information: (7-1-97)

a. Identification of non-transport service; and (7-1-97)

b. Date of response; and (7-1-97)

c. Time call received; and (7-1-97)

d. Time en route to scene; and (7-1-97)

e. Time arrival at scene; and (7-1-97)

f. Time service departed scene; and (7-1-97)

g. Location of incident; and (7-1-97)

h. Description of illness/injury; and (7-1-97)

i. Description of patient management; and (7-1-97)

j. Patient destination; and (7-1-97)

k. Identification of non-transport service personnel on response and certification; and (7-1-97)

l. Response outcome. (7-1-97)

05. Communications. The application for licensure ~~shall~~ must describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau ~~shall~~ will include a review of the non-transport service dispatch and communications configuration. ~~(7-1-97)~~(4-1-04)T

06. Medical Control Plan. The non-transport service ~~shall~~ must describe the extent and type of supervision by a licensed physician that is available to certified personnel. The annual inspection by the EMS Bureau ~~shall~~ will include a review of the non-transport service medical control configuration. ~~(7-1-97)~~(4-1-04)T

07. Medical Treatment Protocols. The non-transport service ~~shall~~ must submit a complete copy of the medical treatment protocols and written standing orders under which its certified personnel will function with the initial application for licensure. ~~(7-1-97)~~(4-1-04)T

08. Training Facility Access. The applicant ~~shall~~ must describe the arrangements which will provide access to clinical and didactic training locations in the initial application for service licensure. ~~(7-1-97)~~(4-1-04)T

09. Geographic Coverage Description. Each application for initial licensure ~~shall~~ must contain a specific description of the Idaho jurisdiction(s) that the non-transport service will serve using known geopolitical boundaries or geographic coordinates. ~~(7-1-97)~~(4-1-04)T

~~***10. Local Governmental Authorization.*** *The applicant for initial and subsequent licensure shall document compliance with all local ordinances and ambulance district requirements for every jurisdiction that will be served by the applicant.* *(7-1-97)*~~

1~~1~~0. **Required Application**. The applicant ~~*shall*~~ must submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form ~~*shall be*~~ is available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. ~~*(7-1-97)*~~(4-1-04)T

1~~2~~1. **Inspection**. Representatives of the Department are authorized to enter the applicant's facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the non-transport services' vehicle(s) and equipment, non-transport response records, and other necessary items to determine eligibility for licensing by the state of Idaho. (7-1-97)

1~~3~~2. **Non-Transport Service Minimum Standards Waiver**. The controlling authority providing non-transport services may petition the EMS Bureau for waiver of the non-transport service standards of these rules, if compliance with the service standards would cause undue hardship on the community being served. (7-1-97)

1~~4~~3. **License**. Non-transport services must be licensed on an annual basis by the EMS Bureau. (7-1-97)

302. -- 319. (RESERVED).

320. DESIGNATION OF CLINICAL CAPABILITY.
All ambulance and non-transport licenses issued by the EMS Bureau ~~*shall*~~ must indicate the clinical level of service which can be provided by the ambulance or non-transport service after verification of compliance with Section 300 or Section 301 of these rules. Agencies which provide certified personnel at the First Responder, EMT-B, or EMT-A level ~~*shall*~~ will be designated as ~~*a*~~ Basic Life Support service~~s~~. Agencies which provide certified personnel at the AEMT-A or EMT-Intermediate level ~~*shall*~~ will be designated as ~~*an*~~ Intermediate Life Support service~~s~~. Designation of services which function at or above the ALS level ~~*shall*~~ will be issued in accordance with Section 340 of these rules. Licensed EMS Services may function at one (1) or more ALS levels corresponding to the designation issued by the EMS Bureau as a result of the application and inspection process required in Sections 300 and 301 of these rules. ~~*(4-5-00)*~~(4-1-04)T

321. -- 32~~4~~3. (RESERVED).

32~~4~~. STANDARDS FOR AGENCIES UTILIZING EMT-INTERMEDIATE PERSONNEL.
An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify to utilize EMT-Intermediate personnel if the following criteria are met: (4-1-04)T

01. **Personnel**. The agency must have one (1) or more EMT-Intermediates listed on the agency personnel roster. The agency is specifically prohibited from utilizing other licensed health care providers for pre-hospital and emergency responses to requests for EMS unless they are accompanied by or are cross-trained and certified as an EMS provider. (4-1-04)T

a. EMT-Intermediate personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. (4-1-04)T

b. An agency may use Ambulance-Based Clinicians who function with an EMT-I or are cross-trained and certified as an EMT-I. The agency must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency must assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (4-1-04)T

c. Personnel must initiate intermediate life support as authorized by the physician designated as the medical director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel". (4-1-04)T

d. Personnel must initiate requests for on-line medical direction as dictated by the EMS agency's protocols. (4-1-04)T

02. Required Documentation. The affiliation status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-1-04)T

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the initial and renewal application for licensure. (4-1-04)T

b. The agency must maintain documentation of proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of certification. (4-1-04)T

03. Required Equipment. The agency vehicle(s) must be equipped with the minimum required equipment listed in the EMT-Intermediate Services section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. (4-1-04)T

325. PRE-HOSPITAL ADVANCED LIFE SUPPORT (ALS) STANDARDS.
Pre-hospital ALS designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, for the purposes of responding to emergencies in any 911 service area, standby, or other area on an emergency basis. Designation ~~*shall be*~~ is for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for Pre-hospital ALS designation if the following criteria are met: ~~*(4-5-00)*~~(4-1-04)T

01. Personnel. The agency must have a sufficient number of EMT-Paramedics to assure availability of such personnel corresponding to the anticipated call volume of the agency. The agency is specifically prohibited from utilizing other licensed health care providers for pre-hospital and emergency responses to requests for EMS unless they are accompanied by or cross-trained and certified as an EMT-Paramedic. (4-5-00)

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. (4-5-00)

b. An agency may use Ambulance-Based Clinicians who function with an EMT-P or are cross-trained and certified as an EMT-P. The agency ~~*shall*~~ must verify that all Ambulance-Based Clinicians have successfully completed a formal training program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ~~*(4-5-00)*~~(4-1-04)T

c. Personnel ~~*shall*~~ must initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. ~~*(4-5-00)*~~(4-1-04)T

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-5-00)

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. (4-5-00)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. (4-5-00)

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ~~*Paramedic Ambulance*~~ ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. ~~*(4-5-00)*~~(4-1-04)T

04. Administrative License Action. A pre-hospital ALS designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds Critical Care Transfer Service designation in accordance with Section 335 of these rules. (4-5-00)

326. -- 329. (RESERVED).

330. ADVANCED LIFE SUPPORT (ALS) TRANSFER STANDARDS.
ALS Transfer designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, for the purposes of providing medical care and transportation between medical care facilities. Designation ~~*shall be*~~ is for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for ALS Transfer designation if the following criteria are met: ~~*(4-5-00)*~~(4-1-04)T

01. Personnel. The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. (4-5-00)

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. (4-5-00)

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency shall verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (4-5-00)

c. Personnel shall initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. (4-5-00)

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-5-00)

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. (4-5-00)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. (4-5-00)

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ~~*Paramedic Ambulance*~~ ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. ~~*(4-5-00)*~~(4-1-04)T

04. Administrative License Action. An ALS Transfer designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to

pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds Critical Care Transfer Service designation in accordance with Section 335 of these rules. (4-5-00)

331. -- 334. (RESERVED).

335. CRITICAL CARE TRANSFER SERVICE STANDARDS.
Critical Care Transfer Service designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities requiring knowledge or skills not contained within the EMT-Paramedic curriculum approved by the State Health Officer. Designation shall be for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 of these rules may qualify for Critical Care Transfer Service designation if the following criteria are met: (4-5-00)

01. Personnel. The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. (4-5-00)

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. All EMT-Paramedics who will be the primary or the only care provider during critical care transfers must have successfully completed a formal training program in critical care transport which meets or exceeds the objectives of the curriculum approved by the State Health Officer. (4-5-00)

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency shall verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. (4-5-00)

c. Personnel shall initiate critical care as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. (4-5-00)

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. (4-5-00)

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. (4-5-00)

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. (4-5-00)

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the ~~*Paramedic Ambulance*~~ ALS section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. ~~*(4-5-00)*~~(4-1-04)T

04. Administrative License Action. A Critical Care Transfer Service designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. (4-5-00)

336. -- 339. (RESERVED).

340. ADVANCED LIFE SUPPORT (ALS) DESIGNATION CATEGORIES.
Licensed EMS services are permitted to hold any combination of designations achieved by meeting the standards in Sections 325, 330, and 335 of these rules. Licenses or the designations associated with them can not be assigned or transferred. A standard system of designation ~~*shall*~~ must be used by the EMS Bureau to define which combination of clinical capabilities has been demonstrated by each ALS licensed EMS service. ~~*(4-5-00)*~~(4-1-04)T

01. An ALS Level I. An ALS Level I license ~~*shall*~~ must be issued by the EMS Bureau to any applicant ~~*which*~~ who meets the requirements in Sections 325, 330 and 335 of these rules. ~~*(4-5-00)*~~(4-1-04)T

02. An ALS Level II. An ALS Level II license ~~*shall*~~ must be issued by the EMS Bureau to any applicant ~~*which*~~ who meets the requirements in Sections 325 and 330 of these rules. ~~*(4-5-00)*~~(4-1-04)T

03. An ALS Level III. An ALS Level III license ~~*shall*~~ must be issued by the EMS Bureau to any applicant ~~*which*~~ who meets the requirements in Sections 330 and 335 of these rules. ~~*(4-5-00)*~~(4-1-04)T

04. An ALS Level IV. An ALS Level IV license ~~*shall*~~ must be issued by the EMS Bureau to any applicant ~~*which*~~ who meets the requirements in Section 330 of these rules. ~~*(4-5-00)*~~(4-1-04)T

05. An ALS Level V. An ALS Level V license must be issued by the EMS Bureau to any applicant who meets the requirements in Section 325 of these rules. (4-1-04)T

(BREAK IN CONTINUITY OF SECTIONS)

500. CERTIFICATION.
In order to practice or represent himself as a First Responder, EMT-B, AEMT-A, EMT-I, or EMT-P, an individual must maintain current certification issued by the EMS Bureau. ~~*(7-1-97)*~~(4-1-04)T

501. INITIAL CERTIFICATION.
Upon successful completion of an EMS training program, a candidate ~~*who obtains a passing score on the National Registry examination corresponding to the level of certification being sought*~~ may apply for certification to the EMS Bureau. In addition, candidates must satisfy the following requirements: ~~*(7-1-97)*~~(4-1-04)T

01. Affiliation Required. Candidates for certification at the EMT-B, AEMT-A, EMT-I, and EMT-P levels must have current affiliation with a licensed EMS service which functions at, or higher than, the level of certification being sought by the applicant; ~~*(7-1-97)*~~(4-1-04)T

02. Required Identification. Candidates for certification at any level must have a state driver's license, an Idaho identification card which is issued by a county driver's license examining station, or identification card issued by the Armed Forces of the United States; and (7-1-97)

03. Criminal Background Check. A criminal background check ~~*shall*~~ must be conducted for all applicants for initial certification in accordance with the standards and procedures established in IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks". The Division or the EMS Bureau may require an updated or additional criminal background check at any time, without expense to the applicant, if there is cause to believe new or additional information will be disclosed. Denial without the grant of an exemption ~~*pursuant to*~~ under IDAPA 16.05.06, ~~*shall*~~ will result in denial or revocation of certification. ~~*(7-1-97)*~~(4-1-04)T

04. Fee For Initial Certification. The fee for initial certification for AEMT-A, EMT-I, and EMT-P ~~*shall be*~~ is thirty five dollars ($35). ~~*(7-1-97)*~~(4-1-04)T

05. Required Examination. Candidates for certification at any level must obtain a passing score on the standardized examination designated by the EMS Bureau. The examination type must correspond to the level of certification being sought in accordance with the EMS Standards Manual in effect at the time of application. (4-1-04)T

502. -- 509. (RESERVED).

510. CERTIFICATION DURATION AND RECERTIFICATION.
All certification is for the following specified intervals of time, during which time required continuing education, refresher courses and other proficiency assurances ~~*shall*~~ must be completed in order to renew the certification.
~~*(7-1-97)*~~(4-1-04)T

01. First Responder Certification. A First Responder ~~*shall*~~ will be issued certification for three (3) years. The duration of initial certification may be up to forty-two (42) months from the date of examination. Continuing education and refresher course ~~*shall*~~ must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. ~~*(7-1-97)*~~(4-1-04)T

02. EMT-B Certification. An EMT-B ~~*shall*~~ will be issued certification for three (3) years. The duration of initial certification may be up to forty-two (42) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation ~~*shall*~~ must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. ~~*(7-1-97)*~~(4-1-04)T

03. AEMT-A Certification. An AEMT-A ~~*shall*~~ will be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation ~~*shall*~~ must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification ~~*shall be*~~ is twenty-five dollars ($25). ~~*(7-1-97)*~~(4-1-04)T

04. EMT-I Certification. An EMT-I will be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation must be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification is twenty-five dollars ($25).
(4-1-04)T

0~~4~~5. EMT-P Certification. An EMT-P ~~*shall*~~ will be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher courses, and proficiency assurance documentation ~~*shall*~~ will be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification ~~*shall be*~~ is twenty-five dollars ($25). ~~*(7-1-97)*~~(4-1-04)T

0~~5~~6. Required Documentation. Documentation of recertification requirements is due to the EMS Bureau prior to the certification expiration date. Failure to submit complete documentation of requirements by the certification expiration date renders the certification invalid and the candidate ~~*shall*~~ must not practice or represent himself as certified personnel. ~~*(7-1-97)*~~(4-1-04)T

0~~6~~7. Affiliation Required. Candidates for recertification at the EMT-B, AEMT-A, EMT-I, and EMT-P levels must have current affiliation with a licensed EMS service. ~~*(7-1-97)*~~(4-1-04)T

511. LAPSED CERTIFICATION.
After the expiration date of certification issued by the EMS Bureau, the certification ~~*shall*~~ will no longer be valid unless required recertification documentation has been submitted. No grace periods or extensions to an expiration date may be granted. ~~*(7-1-97)*~~(4-1-04)T

01. Reinstatement Of Certification. An individual may submit recertification documentation up to a maximum of two (2) years following the certification expiration date. In order for certification to be reinstated individuals must meet the requirements for initial certification. Continuing education proportionate to the amount of time since the last recertification must be documented. (7-1-97)

02. Re-Entry. An individual whose certification has been expired for more than two (2) years must ~~*obtain NREMT registration and submit proof of current NREMT registration with an application for certification*~~ attend and successfully complete an initial training program for the level of certification being sought. All other

requirements for initial certification must be met. ~~*(7-1-97)*~~(4-1-04)T

604. -- 99~~6~~9. (RESERVED).

~~***997. CONFIDENTIALITY OF RECORDS.***~~
~~*Any disclosure of information obtained by the Department is subject to the restrictions contained in Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records".* *(7-1-97)*~~

~~***998. -- 999. (RESERVED).***~~

2004 - Health and Welfare Senate Temporary Rule (Salmon)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.02.10 - IDAHO REPORTABLE DISEASES

DOCKET NO. 16-0210-0401

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: These temporary rules are effective December 1, 2003.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Chapters 6, 9, 10, 16 and 43, Title 39, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than January 21, 2004.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a non-technical explanation of the substance and purpose of the proposed rulemaking:

Both West Nile Virus and Severe Acute Respiratory Syndrome (SARS) may arrive in Idaho within the next year, yet neither of these diseases is currently reportable under the current rules. This rule is being promulgated in order to have SARS on the list in case it resurfaces during the coming flu season, and to have West Nile Virus on the list in case it makes an appearance in the spring of 2004. Definitions for SARS and West Nile Virus will be added to the rule and those sections pertinent to reporting these diseases will be revised to include the two new diseases.

The proposed rule text is in legislative format. Language the agency proposes to add is underlined. Language the agency proposes to delete is struck out. It is these additions and deletions to which the public comment should be addressed.

TEMPORARY RULE JUSTIFICATION: Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to protect the public health, safety, or welfare.

NEGOTIATED RULEMAKING: Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because timelines did not permit negotiated rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Dr. Christine Hahn at (208) 334-5939.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before January 28, 2004.

DATED this 14th day of November, 2003.

Sherri Kovach, Program Supervisor
DHW – Administrative Procedures Section
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
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THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0210-0401

010. REPORTABLE DISEASES AND CONDITIONS.
A licensed physician who diagnoses, treats or cares for a person with a reportable disease or condition must make a report of such disease or condition to the Department or District as described in these rules. The hospital or health care facility administrator, or his delegated representative, must report in accordance with these rules all persons who are diagnosed, treated, or receive care for a reportable disease or condition in the administrator's facility. Reports need not be made by the hospital administrator, or his representative, if they can assure that the attending physician has previously reported the disease or condition. The physician is also responsible for reporting diseases and conditions diagnosed, or treated by physician assistants, nurse practitioners or others under the physician's supervision. In addition to licensed physicians, reports must also be made by physician assistants, certified nurse practitioners, registered nurses, school health nurses, infection surveillance staff, public health officials, laboratory directors, and coroners. No physician, hospital administrative person, or patient may deny Districts or agents of the Board access to medical records in discharge of their duties in implementing the reportable disease rules. School administrators shall report as indicated in Subsection 025.03.g. (9-21-92)

01. Reportable Diseases And Conditions. The following diseases and conditions are reportable to the Department or District. (11-17-83)

a. Diseases. (11-17-83)

i. Acquired immunodeficiency syndrome (AIDS); (11-17-83)

ii. Amebiasis; (11-17-83)

iii. Anthrax; (11-17-83)

iv. Biotinidase deficiency; (5-3-03)

v. Botulism; (11-17-83)

vi. Brucellosis; (11-17-83)

vii. Campylobacteriosis; (11-17-83)

viii. Cancer; (9-21-92)

ix. Chancroid; (11-17-83)

x. Chlamydia trachomatis infections; (4-1-86)

xi. Cholera; (11-17-83)

xii. Congenital hypothyroidism; (5-3-03)

xiii. Cryptosporidiosis; (4-5-00)

xiv. Diphtheria; (11-17-83)

xv. Encephalitis, viral or aseptic; (5-3-03)

xvi. Escherichia coli 0157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)

xvii. Galactosemia; (5-3-03)

xviii.	Giardiasis;	(11-17-83)
xix.	Hantavirus pulmonary syndrome;	(4-5-00)
xx.	Haemophilus influenza invasive disease;	(9-21-92)
xxi.	Hepatitis A;	(11-17-83)
xxii.	Hepatitis B;	(11-17-83)
xxiii.	Hepatitis C;	(9-21-92)
xxiv.	Legionellosis;	(11-17-83)
xxv.	Leprosy;	(11-17-83)
xxvi.	Leptospirosis;	(11-17-83)
xxvii.	Listeriosis;	(4-5-00)
xxviii.	Lyme Disease;	(9-21-92)
xxix.	Malaria;	(11-17-83)
xxx.	Maple syrup urine disease;	(5-3-03)
xxxi.	Measles (Rubeola);	(11-17-83)
xxxii.	Meningitis, viral or aseptic;	(5-3-03)
xxxiii.	Mumps;	(11-17-83)
xxxiv.	Myocarditis, viral;	(4-5-00)
xxxv.	Neisseria gonorrhoeae infections;	(9-21-92)
xxxvi.	Neisseria meningitidis invasive disease;	(9-21-92)
xxxvii.	Pertussis;	(11-17-83)
xxxviii.	Phenylketonuria;	(5-3-03)
xxxix.	Plague;	(11-17-83)
xl.	Pneumocystis carinii pneumonia (PCP);	(9-21-92)
xli.	Pneumococcal invasive disease in children less than eighteen (18) years of age;	(5-3-03)
xlii.	Poliomyelitis;	(11-17-83)
xliii.	Psittacosis;	(11-17-83)
xliv.	Q fever;	(11-17-83)
xlv.	Rabies (human and animal);	(4-5-00)

xlvi. Relapsing fever, tick-borne and louse-borne; (4-5-00)

xlvii. Rocky Mountain spotted fever; (11-17-83)

xlviii. Rubella (including congenital rubella syndrome); (11-17-83)

xlix. Salmonellosis (including typhoid fever); (11-17-83)

l. Severe acute respiratory syndrome (SARS); (12-1-03)T

li. Shigellosis; (11-17-83)

lii. Smallpox; (5-3-03)

liii. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)

liiiv. Syphilis; (11-17-83)

liv. Tetanus; (11-17-83)

lvi. Trichinosis; (11-17-83)

lvii. Tuberculosis; (11-17-83)

lviii. Tularemia; (11-17-83)

lix. West nile virus infection; (12-1-03)T

lviiix. Yersinosis. (11-17-83)

b. Conditions: (11-17-83)

i. CD-4 lymphocyte counts less than two hundred (200) per cubic millimeter of blood or less than or equal to fourteen percent (14%); (4-5-00)

ii. Extraordinary occurrence of illness, including clusters; (4-5-00)

iii. Food poisoning, foodborne illness, and waterborne illness; (5-3-03)

iv. Hemolytic-uremic syndrome (HUS); (4-5-00)

v. Human Immunodeficiency Virus (HIV) infections including, positive HIV tests: HIV Antibody, HIV Antigen, Human Immunodeficiency Virus isolations, other tests of infectiousness, as specified by the Department; (4-5-00)

vi. Human T-Lymphotropic Virus infections; (4-5-00)

vii. Lead levels of ten (10) micrograms or more per deciliter of whole blood (ug/dl); (9-21-92)

viii. Reye syndrome; (4-5-00)

ix. Severe or unusual reactions to any immunization; (4-5-00)

x. Toxic shock syndrome; (4-5-00)

02. Form Of The Report. (11-17-83)

a. Each report of a reportable disease or condition shall include the identity and address of the attending licensed physician or the person reporting, the diagnosed or suspected disease or condition, the name, current address, telephone number and birth date or age, race, ethnicity, and sex of the individual with the disease or condition, and the date of onset of the disease or condition. (4-5-00)

b. A report of a case or suspected case shall be made to the Department or the District by telephone, mail or fax. (4-5-00)

c. The identification of any organism known to cause a reportable disease or condition listed in Subsection 010.03.d. shall be reported to the Department or District by the laboratory director or his authorized representative. The report shall include the name (if known) or other identifier of the individual from whom the specimen was obtained, the name and address of the individual's physician or other person requesting the test, and the identity of the organism or other significant test result. (9-21-92)

03. When To Report. (11-17-83)

a. Some reportable diseases are considered to be of urgent public health importance, and must be reported to the Department or District immediately, day or night. These diseases include: (11-17-83)

i. Anthrax; (4-5-00)

ii. Botulism; (11-17-83)

iii. Diphtheria; (11-17-83)

iv. Plague; (11-17-83)

v. Rabies in humans; (5-3-03)

vi. Smallpox. (5-3-03)

b. The following reportable diseases and conditions must be reported to the Department or District within one (1) working day after diagnosis: (9-21-92)

i. Brucellosis; (4-5-00)

ii. Biotinidase deficiency; (5-3-03)

iii. Cholera; (9-21-92)

iv. Congenital hypothyroidism; (5-3-03)

v. Escherichia coli O157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)

vi. Galactosemia; (5-3-03)

vii. Hantavirus pulmonary syndrome; (4-5-00)

viii. Haemophilus influenzae invasive disease; (9-21-92)

ix. Hepatitis A; (9-21-92)

x. Hepatitis B; (9-21-92)

xi. Hemolytic-uremic syndrome (HUS); (4-5-00)

xii. Maple syrup urine disease; (5-3-03)

xiii. Measles; (11-17-83)

xiv. Neisseria meningitidis invasive disease; (4-5-00)

xv. Pertussis; (11-17-83)

xvi. Phenylketonuria; (5-3-03)

xvii. Poliomyelitis; (11-17-83)

xviii. Q fever; (5-3-03)

xix. Rabies in animals; (9-21-92)

xx. Rubella (including congenital rubella syndrome); (11-17-83)

xxi. Salmonellosis (including typhoid fever); (11-17-83)

xxii. Severe acute respiratory syndrome (SARS); (12-1-03)T

xxiii. Tularemia; (5-3-03)

xxiiiv. Extraordinary occurrence of illness including clusters; (4-5-00)

xxiv. Severe or unusual reactions to any immunization; (11-17-83)

xxvi. Food poisoning, foodborne illness, or waterborne illness. (5-3-03)

c. The remaining reportable diseases and conditions listed below shall be reported to the Department or District within three (3) working days of the identification of a case: (5-3-03)

i. Acquired immunodeficiency syndrome (AIDS); (9-21-92)

ii. Amebiasis; (9-21-92)

iii. CD-4 lymphocyte counts less than two hundred (200) per cubic millimeter of blood or less than or equal to fourteen percent (14%): (4-5-00)

iv. Campylobacteriosis; (9-21-92)

v. Chancroid; (9-21-92)

vi. Chlamydia trachomatis infections; (9-21-92)

vii. Cryptosporidiosis; (4-5-00)

viii. Encephalitis, viral or aseptic; (5-3-03)

ix. Giardiasis; (9-21-92)

x. Gonococcal infections; (9-21-92)

xi. Hepatitis C; (4-5-00)

xii. Human Immunodeficiency Virus (HIV) infections including, positive HIV tests: HIV Antibody,

HIV Antigen, Human Immunodeficiency Virus isolations, other tests of infectiousness, as specified by the Department. (4-5-00)

xiii. Human T-Lymphotropic Virus infections; (4-5-00)

xiv. Lead levels of ten (10) micrograms or more per deciliter of whole blood (ug/dl); (9-21-92)

xv. Legionellosis; (9-21-92)

xvi. Leprosy; (9-21-92)

xvii. Leptospirosis; (9-21-92)

xviii. Listeriosis; (4-5-00)

xix. Lyme Disease; (9-21-92)

xx. Malaria; (9-21-92)

xxi. Meningitis, viral or aseptic; (5-3-03)

xxii. Mumps; (9-21-92)

xxiii. Myocarditis, viral; (4-5-00)

xxiv. Pneumococcal invasive disease in children less than eighteen (18) years of age; (5-3-03)

xxv. Pneumocystis carinii pneumonia (PCP); (9-21-92)

xxvi. Psittacosis; (9-21-92)

xxvii. Relapsing fever, tick-borne or louse-borne; (4-5-00)

xxviii. Reye syndrome; (9-21-92)

xxix. Rocky Mountain spotted fever; (9-21-92)

xxx. Shigellosis; (9-21-92)

xxxi. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)

xxxii. Syphilis; (9-21-92)

xxxiii. Tetanus; (9-21-92)

xxxiv. Trichinosis; (9-21-92)

xxxv. Toxic shock syndrome; (9-21-92)

xxxvi. Tuberculosis; (9-21-92)

xxxvii. West nile virus infection; (12-1-03)T

xxxviii. Yersiniosis; (9-21-92)

d. The laboratory director or his authorized representative shall report the identification of the

following organisms or significant serologic results or chemical determinations to the Department or District immediately, day or night. The organisms, serologic tests, and chemical determinations to be reported include: (4-5-00)

i. Bacillis anthracis; (4-5-00)

ii. Yersinia pestis; (4-5-00)

iii. Corynebacteria diphtheria; and (4-5-00)

iv. Rabies, human or animal. (4-5-00)

e. The laboratory director or his authorized representative shall report the identification of the following organisms or significant serologic results or chemical determinations to the Department or District within one (1) working day after identification. The organisms, serologic tests, and chemical determinations to be reported include: (4-5-00)

i. Biotinidase deficiency; (5-3-03)

ii. Bordetella pertussis; (4-5-00)

iii. Brucella species; (4-5-00)

iv. Congenital hypothyroidism; (5-3-03)

v. Escherichia coli 0157:H7 or other shiga-toxin producing E. coli (STEC); (4-5-00)

vi. Francisella tularensis; (5-3-03)

vii. Galactosemia; (5-3-03)

viii. Hantavirus; (4-5-00)

xi. Maple syrup urine disease; (5-3-03)

x. Neisseria meningitidis from CSF or blood; (5-3-03)

xi. Phenylketonuria; (5-3-03)

xii. Severe acute respiratory syndrome (SARS); (12-1-03)T

xiii. Vibrio cholerae. (4-5-00)

f. The laboratory director or his authorized representative shall report the identification of the following organisms or significant serologic results or chemical determinations to the Department or District within three (3) working days. The organisms, serologic tests, and chemical determinations to be reported include: (5-3-03)

i. CD-4 Lymphocyte Counts below two hundred (200) per cubic millimeter (cu/mm) of blood or less than or equal to fourteen percent (14%); (4-5-00)

ii. Campylobacter species; (4-5-00)

iii. Chlamydia trachomatis; (4-1-86)

iv. Cryptosporidium; (4-5-00)

v. Giardia; (4-5-00)

vi. Haemophilus influenzae from CSF or blood; (11-17-83)

vii. Hepatitis A (IgM antibody); (11-17-83)

viii. Hepatitis B surface antigen; (11-17-83)

ix. Hepatitis C antibody or antigen; (9-21-92)

x. Human Immunodeficiency Virus (HIV) tests: positive HIV Antibody, HIV Antigen, Human Immunodeficiency Virus culture, or other tests of infectiousness, as specified by the Department; (4-5-00)

xi. Human T-Lymphotropic Virus positive tests; (4-5-00)

xii. Lead levels of ten (10) micrograms or more per deciliter (ug/dl) of whole blood; (9-21-92)

xiii. Listeria species; (4-5-00)

xiv. Mycobacterium tuberculosis complex; (4-5-00)

xv. Neisseria gonorrhoeae; (11-17-83)

xvi. Plasmodium species; (11-17-83)

xvii. Salmonella species; (11-17-83)

xviii. Shigella species; (11-17-83)

xix. Syphilis tests (positive or reactive USR, RPR, VDRL, FTA, darkfield, others); (11-17-83)

xx. West nile virus; (12-1-03)T

xxi. Yersinia enterocolitica; (11-17-83)

xxii. Yersinia pseudotuberculosis; (9-21-92)

g. Cancer is to be reported within one hundred and eighty (180) days of its diagnosis or recurrence to the Department or the Department's designated agent or contractor. (4-5-00)

04. Handling Of Reports By The Department And Districts. (9-21-92)

a. The Department and the District shall exchange reported information within one (1) working day by telephone on any reported case or suspected case of the following reportable diseases or conditions: (9-21-92)

i. Anthrax; (4-5-00)

ii. Botulism; (11-17-83)

iii. Brucellosis; (5-3-03)

iv. Cholera; (11-17-83)

v. Diphtheria; (11-17-83)

vi. E. coli O157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)

vii. Food poisoning, foodborne illness, or waterborne illness; (5-3-03)

viii. Hantavirus pulmonary syndrome; (4-5-00)

ix. Haemophilus influenzae invasive disease; (9-21-92)

x. Measles; (11-17-83)

xi. Neisseria meningitidis invasive disease; (9-21-92)

xii. Pertussis; (11-17-83)

xiii. Plague; (11-17-83)

xiv. Poliomyelitis; (11-17-83)

xv. Rabies in humans or animals; (4-5-00)

xvi. Rubella (including congenital rubella syndrome); (11-17-83)

xvii. Salmonella typhi infection; (11-17-83)

xviii. Severe acute respiratory syndrome (SARS); (12-1-03)T

x~~viii~~ix. Smallpox; (5-3-03)

x~~i~~x. Syphilis; (11-17-83)

xxi. Tularemia; (5-3-03)

xxii. Extraordinary occurrence of illness including clusters; (4-5-00)

xxiii. Severe or unusual reaction to any immunization. (11-17-83)

b. The District shall notify the Department no later than weekly of all other cases of reportable diseases and conditions not specified in Subsection 010.04.a. (9-21-92)

c. No employee of the Department or District shall disclose the identity of persons named in disease reports except when necessary for the purpose of administering the public health laws of this state. (11-17-83)

(BREAK IN CONTINUITY OF SECTIONS)

020. SPECIFIC CONTROL MEASURES FOR REPORTABLE DISEASES.

01. Acquired Immune Deficiency Syndrome (AIDS). (9-21-92)

a. Each case of AIDS meeting the current case definition established by the Centers for Disease Control and Prevention shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Positive laboratory tests for HIV Antibody, HIV Antigen (protein or nucleic acid), HIV culture or other tests that indicate prior or existing HIV infection or CD-4 lymphocyte counts below two hundred (200) per cubic millimeter (cu/mm) of blood must be reported. (4-5-00)

c. Each report of a case of AIDS shall be investigated to obtain specific clinical information, to

identify possible sources, risk factors, and contacts. Other manifestations of HIV infection as defined by the Centers for Disease Control and Prevention may be investigated. (4-5-00)

d. A physician may order blood tests for the human immunodeficiency virus (HIV) when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (9-21-92)

02. Amebiasis. (11-17-83)

a. Each case of amebiasis shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. A preliminary investigation of each case shall be performed to determine if the case is employed as a food handler, provides personal care at a health care or day care facility, or is a child attending a day care facility. (11-17-83)

c. Persons excreting Entamoeba histolytica shall not work as food handlers and shall not engage in any occupation in which they provide personal care to children in day care facilities or to persons confined to health care facilities unless special exemption is made by the Department or authorized representative of the Department. (11-17-83)

i. This restriction may be rescinded if an effective therapeutic regimen has been completed and/or at least two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show Entamoeba histolytica upon testing by a licensed laboratory. (9-21-92)

ii. Any member of a household in which there is a case of amebiasis may engage in any of the above occupations at the discretion of the Department provided at least one (1) approved fecal specimen is negative for ova and parasites on examination by a licensed laboratory. (9-21-92)

d. Fecally incontinent persons who are excreting Entamoeba histolytica shall not attend day care facilities unless special exemption is made by the Department or authorized representative of the Department. (9-21-92)

03. Anthrax. (11-17-83)

a. Each case or suspected case of anthrax in humans shall be reported to the Department or District by telephone at the time of identification, day or night. (4-5-00)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of infection. Any identified or suspected source of infection shall be reported to the Department which shall notify the Idaho Department of Agriculture. (11-17-83)

04. Botulism. (11-17-83)

a. Each case or suspected case of botulism shall be reported to the Department or District at the time of identification, day or night. (11-17-83)

b. An investigation of each case or suspected case of botulism shall be performed to confirm the diagnosis, to determine if other persons have been exposed to botulinum toxins, and to identify the source of the disease. (9-21-92)

05. Brucellosis. (11-17-83)

a. Each case of brucellosis shall be reported to the Department or District within one (1) working day of the identification. (4-5-00)

b. Each report of a case shall be investigated to confirm the diagnosis and to identify the source of the

infection. Any identified or suspected source of infection shall be reported to the Department, which shall notify the Idaho Department of Agriculture. (9-21-92)

06. Campylobacteriosis. (11-17-83)

a. Each case of campylobacteriosis shall be reported to Department or District within three (3) working days of the identification. (5-3-03)

b. An investigation of each case shall be performed to determine the extent of the outbreak and to identify the source of the infection. (11-17-83)

c. Persons excreting Campylobacter spp. shall not work as food handlers or provide personal care in day care, custodial institutions, or medical facilities unless exemption is obtained from the Department or District. This restriction will be rescinded provided at least two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show Campylobacter spp. upon testing by a licensed laboratory. (4-5-00)

d. Fecally incontinent persons who are excreting Campylobacter spp. shall not attend day care facilities unless exemption is made by the Department. (4-5-00)

07. Cancer. (11-17-83)

a. The following neoplasms are designated as reportable to the cancer data registry of Idaho within one hundred and eighty (180) days of diagnosis or recurrence: (4-5-00)

i. Each in-situ or malignant neoplasm diagnosed by histology, radiology, laboratory testing, clinical observation, autopsy, or suggested by cytology, but excluding basal cell and squamous cell carcinoma of the skin unless occurring on a mucous membrane and excluding in-situ neoplasms of the cervix is reportable. (4-5-00)

ii. Benign neoplasms are reportable if occurring in the brain, meninges, pineal gland, or pituitary gland. (9-21-92)

b. The use of the words “apparently,” “compatible with,” “consistent with,” “favor,” “most likely,” “presumed,” “probable,” “suspected,” “suspicious,” or “typical” is sufficient to make a case reportable. (9-21-92)

c. The use of the words “questionable,” “possible,” “suggests,” “equivocal,” “approaching,” and “rule out” is not sufficient to make a case reportable. (9-21-92)

d. Each case must be reported by patient's name, demographic information, date of diagnosis, primary site, metastatic sites, histology, stage of disease, initial treatments, subsequent treatment, and survival time. (9-21-92)

e. Every private, federal, or military hospital, pathology laboratory, or physician providing a diagnosis and/or treatment related to a reportable cancer is responsible for reporting or furnishing cancer-related data, including annual follow-up, to the cancer data registry. (5-3-03)

f. All data reported to the cancer data registry shall be available for use in aggregate form for epidemiologic analysis of the incidence, prevalence, survival, and risk factors associated with Idaho's cancer experience. Disclosure of confidential information for research projects must comply with the cancer data registry's confidentiality policies, as well as the Idaho Department of Health and Welfare's Rules, IDAPA 16.05.01, “Use and Disclosure of Department Records”. (9-21-92)

08. Chancroid. (11-17-83)

a. Each case of chancroid shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. Each person diagnosed with chancroid shall be required to inform their sexual contacts that they have been exposed to a venereal disease, or provide specific information so public health officials may locate such

contacts, so the contacts can be examined and treated (Section 39-605, Idaho Code). (11-17-83)

c. Each case or suspected case of chancroid shall be investigated by a representative of the Department or District after notification has been received. (4-5-00)

09. Chlamydia Trachomatis Infections. (9-21-92)

a. Each case of Chlamydia trachomatis infection shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each person diagnosed with Chlamydia trachomatis pelvic inflammatory disease shall be investigated to determine the extent of the contact follow-up required. (4-5-00)

c. Cases of Chlamydia trachomatis ophthalmia neonatorum in health care facilities shall be placed under contact precautions. (4-5-00)

d. Prophylaxis against Chlamydia trachomatis ophthalmia neonatorum is required in Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 12, "Rules Governing Procedures and Testing To Be Performed on Newborn Infants". (9-21-92)

10. Cholera. (9-21-92)

a. Each case or suspected case of cholera shall be reported to the Department or District by telephone within one (1) working day. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contacts, carriers, and the source of the infection. (11-17-83)

c. Persons in health care facilities who have cholera shall be placed under contact precautions. (4-5-00)

d. Persons excreting Vibrio cholerae shall not work as food handlers, and shall not engage in any occupation which provides personal care to children in day care facilities or to persons confined to health care or residential facilities. (11-17-83)

e. Members of the household in which there is a case of cholera may not engage in any of the above occupations unless approved by the Department, or District and provided that they are asymptomatic and at least one (1) approved fecal specimen is found to be negative on culture by a licensed laboratory. (9-21-92)

f. Fecally incontinent persons who are excreting Vibrio cholerae shall not attend day care facilities. (9-21-92)

11. Cryptosporidiosis. (4-5-00)

a. Each case of cryptosporidiosis shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. An investigation of each case shall be performed to determine the extent of the outbreak and to identify the source of the infection. (4-5-00)

c. Persons with Cryptosporidium diarrheal illness shall not work as food handlers or provide personal care in day care facilities, custodial institutions, or medical facilities unless exemption is obtained from the Department or District. This restriction will be rescinded provided at least two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show Cryptosporidium upon testing by a licensed laboratory or twenty-four (24) hours after diarrhea has ceased. (4-5-00)

d. Fecally incontinent persons who are excreting Cryptosporidium shall not attend day care facilities

unless exemption is made by the Department. (4-5-00)

12. Diphtheria. (11-17-83)

a. Each case or suspected case of diphtheria shall be reported to the Department or District by telephone immediately, day or night, upon identification. (11-17-83)

b. Each report of a case or suspected case shall be investigated to determine if illness is caused by a toxigenic strain of Corynebacterium diphtheriae, to determine the extent of the outbreak, and to identify contacts, carriers, and the source of the infection. (11-17-83)

c. Cases of oropharyngeal toxigenic diphtheria in health care facilities shall be placed under droplet precautions. The Department or authorized representative of the Department may rescind this isolation requirement after two (2) cultures of the nose and two (2) cultures from the throat, taken at least twenty-four (24) hours apart and at least twenty-four (24) hours after the completion of antibiotic therapy, fail to show toxigenic Corynebacterium diphtheriae upon testing by a licensed laboratory. (4-5-00)

d. Cases of cutaneous toxigenic diphtheria shall be placed under contact precautions. The Department or authorized representative of the Department may rescind these precautions after two (2) cultures from the wound fail to show toxigenic Corynebacterium diphtheriae upon testing by a licensed laboratory. (4-5-00)

e. Contacts of cases of toxigenic diphtheria shall be offered immunization against diphtheria. (11-17-83)

f. Contacts shall be restricted from working as food handlers, working in health care facilities, or residential facilities, or from attending or working in day care facilities or schools until they are determined not to be carriers by means of a nasopharyngeal culture or culture of other site suspected to be infected. This restrictions may be rescinded by the Department or authorized representative of the Department. (11-17-83)

13. Escherichia coli (E. coli) 0157:H7 And Other Shiga Toxin Producing E. coli (STEC). (4-5-00)

a. Each case of infection with E. coli 0157:H7 and other STEC shall be reported to the Department or District within one (1) working day of the identification. (4-5-00)

b. A preliminary investigation of each case shall be performed to determine if the person is employed as a food handler, provides personal care at a health care or day care facility, or is a child attending a day care facility. The investigation shall determine the extent of the outbreak and identify the most likely source of the infection. (9-21-92)

c. Persons who are excreting E. coli 0157:H7 and other STEC may not provide personal care to children in day care facilities or to persons in health care facilities or work as food handlers while the disease is present in a communicable form without the approval of the Department or the District. One (1) negative fecal specimen for E. coli 0157:H7 and other STEC is sufficient to remove restrictions on personnel. (4-5-00)

d. Fecally incontinent persons who are excreting E. coli 0157:H7 and other STEC may not attend day care facilities unless exemption is made by the Department or District. One (1) negative fecal specimen for E. coli 0157:H7 and other STEC is sufficient to remove day care attendance restrictions. (4-5-00)

14. Giardiasis. (11-17-83)

a. Each case of giardiasis shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. A preliminary investigation of each case shall be performed to determine if the person is employed as a food handler, provides personal care at a health care or day care facility, or is a child attending day care facility. The preliminary investigation shall also determine the water sources used by the person with giardiasis. The investigation shall determine the extent of the outbreak, and identify the most likely source of the infection.

(11-17-83)

c. Persons with diarrhea who are excreting Giardia may not provide personal care to children in day care facilities or to persons in health care facilities or work as food handlers while the disease is present in a communicable form or until two (2) days of therapy have been completed. Asymptomatic persons may provide these services with specific approval of the Department or District. (4-5-00)

d. Fecally incontinent persons with diarrhea who are excreting Giardia lamblia may not attend day care facilities. Asymptomatic children who are excreting Giardia may attend after investigation is made, hygiene of the facility is determined adequate, and an exemption is made by the Department. (4-5-00)

15. Hantavirus Pulmonary Syndrome. (4-5-00)

a. Each case of acute hantavirus infection manifesting as the hantavirus pulmonary syndrome, will be reported to the Department or District within one (1) day of identification. (4-5-00)

b. Each report of a case shall be investigated to confirm the diagnosis, determine environmental risk factors leading to infection, and determine any other at-risk individuals. (4-5-00)

c. The extended CDC case investigation and environmental assessment forms shall be completed in a timely manner. (4-5-00)

16. Haemophilus Influenzae Invasive Disease. (9-21-92)

a. Each case of invasive Haemophilus influenzae invasive disease, including but not limited to meningitis, septicemia, bacteremia, epiglottitis, pneumonia, osteomyelitis and cellulitis, shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify contacts, and to determine the need for antimicrobial prophylaxis of close contacts. (11-17-83)

c. Any person who is diagnosed with a disease caused by invasive Haemophilus influenzae shall not provide personal care to children attending a day care facility, or be engaged in any occupation where there is direct contact with students in a private, parochial, or public school as long as the disease is in a communicable form. (11-17-83)

d. Any person who is diagnosed with a disease caused by invasive Haemophilus influenzae shall not attend a day care facility, or a private, parochial, or public school as long as the disease is in a communicable form. (11-17-83)

17. Hemolytic Uremic Syndrome (HUS). (4-5-00)

a. Each case of HUS shall be reported to the Department or District within one (1) working day. (4-5-00)

b. Each case of HUS shall be investigated to confirm the diagnosis, determine the etiologic agent including E. coli O157:H7, non-O157 shiga-toxin producing E. coli, other enteric pathogens, and determine the source of infection. (4-5-00)

18. Hepatitis A. (9-21-92)

a. Each case or suspected case of hepatitis A shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to identify contacts, to determine the need for immune serum globulin (gamma globulin), and to identify possible sources of the infection so subsequent cases may be prevented. (11-17-83)

c. Persons with hepatitis A in health care facilities shall be placed under contact precautions as long as the disease is present in a communicable form. (4-5-00)

d. Persons with hepatitis A shall be restricted from working as a food handler and shall not engage in any occupation in which he/she provides personal care to children in a day care facility or to persons who are confined to health care or residential care facilities. (11-17-83)

i. The Department or authorized representative of the Department may rescind this restriction when the illness is considered no longer to be in a communicable stage. (11-17-83)

ii. Any unvaccinated member of the household in which there is a case of hepatitis A may not engage in any of the above mentioned occupations unless exemption is obtained from the Department or District. (4-5-00)

iii. A specific test for recent hepatitis A infection (IgM antiHAV) shall be performed by a licensed laboratory on all food handlers suspected of having hepatitis A (9-21-92)

e. Children who have hepatitis A shall not attend nurseries or day care facilities until the disease is no longer communicable as determined by a licensed physician, or unless exemption is made by the Department or District. (9-21-92)

f. A physician may order blood tests for hepatitis A when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (5-16-90)

19. Hepatitis B. (9-21-92)

a. Each case of hepatitis B shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis, to identify contacts and carriers, to determine the need for prophylaxis with immune globulins, to determine the need for hepatitis B vaccine, to determine the exposure of any pregnant women, and to identify possible sources of the infection so subsequent cases can be prevented. (9-21-92)

c. The carrier status of all persons diagnosed with hepatitis B shall be determined six (6) months after the initial diagnosis is established. (11-17-83)

i. The carrier status shall be determined by the presence of hepatitis B surface antigen (HBsAG) in blood obtained at least six (6) months after the initial diagnosis of hepatitis B. (9-21-92)

ii. The test for hepatitis B surface antigen (HBsAg) shall be performed by a licensed laboratory. (11-17-83)

iii. All persons who are carriers of hepatitis B shall be reported to the Department or District by their physician at the time of determination for inclusion in the hepatitis B carrier registry. (9-21-92)

d. A physician may order blood tests for hepatitis B when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (5-16-90)

20. Hepatitis C. (9-21-92)

a. Each case of hepatitis C shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each reported case of hepatitis C shall be investigated to confirm the diagnosis, and to identify

possible sources of the infection so subsequent cases may be prevented. (4-5-00)

c. A physician may order blood tests for hepatitis C when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (9-21-92)

21. Human Immunodeficiency Virus (HIV) Infection. (4-5-00)

a. Each case of HIV infection shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Positive laboratory tests for HIV Antibody, HIV Antigen (protein or nucleic acid), HIV culture or other tests that indicate prior or existing HIV infection must be reported as described in Subsection 010.03.d.i. (4-5-00)

c. Each reported case of HIV infection shall be investigated to obtain specific clinical information, to identify possible sources, risk factors, and contacts. Other manifestations of HIV infection as defined by the Centers for Disease Control and Prevention may be investigated. (4-5-00)

d. A physician may order blood tests for the HIV when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (4-5-00)

22. Human T-Lymphotropic Virus (HTLV) Positive Tests. (4-5-00)

a. HTLV infections (I and II) shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. Each reported case of HTLV infection may be investigated to determine the source of infection and evaluate risk factors. (4-5-00)

23. Legionellosis. (11-17-83)

a. Each case of legionellosis shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. Each reported case of legionellosis shall be investigated to confirm the diagnosis, and to identify possible sources of the infection so subsequent cases may be prevented. (4-5-00)

c. When two (2) or more cases occur within thirty (30) days of each other, an investigation shall be conducted to identify a common environmental source, and to identify ways to prevent further infections. (4-5-00)

24. Leprosy. (11-17-83)

a. Each case of leprosy shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. Each reported case or suspected case shall be investigated to confirm the diagnosis and to identify all household or other close contacts. (11-17-83)

c. All household or close contacts of a new case shall be examined by a licensed physician for signs of leprosy. Household contacts and patients in remission shall be registered with the Department and undergo periodic medical examinations every six (6) to twelve (12) months for five (5) years. (11-17-83)

25. Leptospirosis. (11-17-83)

a. Each case of leptospirosis shall be reported to the Department or District within three (3) working

days of identification. (5-3-03)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis and to identify possible sources of the infection. Any identified or suspected source of infection shall be reported to the Department, which shall notify the Idaho Department of Agriculture if animals are involved. (11-17-83)

26. Listeriosis. (4-5-00)

a. Each case of listeriosis shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis and to identify possible sources of the infection and extent of the outbreak. (4-5-00)

27. Lyme Disease. (9-21-92)

a. Each case of Lyme Disease shall be reported to the Department or District within three (3) working days of the identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis and to identify possible sources of the infection. Any identified or suspected source of infection shall be reported to the Department, which shall notify the Idaho Department of Agriculture if animals are involved. (9-21-92)

28. Malaria. (9-21-92)

a. Each case of malaria shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to determine the type and the source of the infection. (9-21-92)

c. If transmission may have occurred in Idaho, an entomologic investigation shall be performed by the Department or District to determine the extent of mosquito activity, and to institute control measures if endemic transmission has been determined. (4-5-00)

d. A physician may order blood tests for malaria when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (5-16-90)

29. Measles. (9-21-92)

a. Each case or suspected case of measles (rubeola) shall be reported to the Department or District by telephone within one (1) working day after identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated promptly to confirm the diagnosis, to determine the extent of the outbreak, to identify the source of the infection, and to identify susceptible contacts. (11-17-83)

c. Cases or suspected cases of measles in health care facilities shall be placed under airborne precautions until the fifth day after the onset of rash. (4-5-00)

d. A person who is diagnosed as having measles shall not engage, as long as the disease is in a communicable stage, in any occupation in which there is direct contact with children. (4-5-00)

e. A child diagnosed with measles shall not attend a day care facility as long as the disease is in a communicable stage. (11-17-83)

f. Any person, regardless of age, shall not attend a private, parochial, charter, or public school as long as the disease is in a communicable stage. (4-5-00)

g. In the event of an outbreak, susceptible children must be excluded from day care facilities and schools until adequate immunization is obtained, or the threat of further spread is contained (Section 33-512, Idaho Code). (9-21-92)

30. Mumps. (9-21-92)

a. Each case of mumps shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case may be investigated to determine the immunization history or if there is an unusual cause for an outbreak. (9-21-92)

c. Each case of mumps shall be restricted from school or work for nine (9) days after onset of parotid swelling. (4-5-00)

31. Myocarditis, Viral. (4-5-00)

a. Each case of diagnosed or suspected viral myocarditis shall be reported within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis, to identify clusters or outbreaks of the infection, and to identify the agent or source of the infection. (4-5-00)

32. Neisseria Gonorrhoeae Infections. (9-21-92)

a. Each case of Neisseria gonorrhoeae infection shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each person diagnosed with urethral, cervical, oropharyngeal, or rectal gonorrhea shall be required to inform their sexual contacts, or provide sufficient information so public health officials may locate such contacts, advise that they have been exposed to a sexually transmitted infection (venereal disease) and should seek examination and treatment. (4-5-00)

c. Cases of gonococcal ophthalmia neonatorum in health care facilities shall be placed under wound and skin precautions. (11-17-83)

d. Prophylaxis against gonococcal ophthalmia neonatorum shall be as described in Idaho Department of Health and Welfare Rules, IDAPA 16.02.12, "Rules Governing Procedures and Testing To Be Performed on Newborn Infants". (11-17-83)

33. Neisseria Meningitidis Invasive Disease. (9-21-92)

a. Each case of invasive disease caused by Neisseria meningitidis, including but not limited to meningitis and septicemia shall be reported to the Department or District by telephone within one (1) working day of identification. (4-5-00)

b. Each report of a case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify contacts, and to determine the need for antimicrobial prophylaxis and/or immunization of close contacts. (9-21-92)

c. Any person who is diagnosed with a disease caused by Neisseria meningitidis shall not provide personal care to children attending a day care facility, or engage in any occupation where there is direct contact with students in private, parochial, charter, or public schools as long as the disease is present in a communicable form. (4-5-00)

d. Any person who is diagnosed with a disease caused by Neisseria meningitidis shall not attend a day care facility, or a private, parochial, charter, or public school as long as the disease is present in a communicable form. (4-5-00)

e. Persons with meningococcal disease in health care facilities or residential care facilities shall be placed under respiratory isolation until twenty-four (24) hours after the initiation of effective therapy. (11-17-83)

34. Pertussis. (9-21-92)

a. Each case or suspected case of pertussis shall be reported to the Department or District by telephone within one (1) working day of identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify susceptible contacts, and to identify the source of the infection so additional cases can be prevented. (11-17-83)

c. A person who is diagnosed with pertussis shall not engage in any occupation in which there is direct contact with children in a day care facility or other persons in health care facilities, residential care facilities, or schools as long as the disease is in a communicable stage. (11-17-83)

d. Any person diagnosed with pertussis shall not attend a private, parochial, charter, or public school or a day care facility as long as the disease is in a communicable stage. (4-5-00)

35. Plague. (11-17-83)

a. Each case or suspected case of plague shall be reported to the Department or District by telephone immediately, day or night, upon identification, which shall notify the Idaho Department of Agriculture if animals are involved. (4-5-00)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, determine the source and extent of the outbreak, and to ascertain if there has been person-to-person transmission. (11-17-83)

c. Cases or suspected cases of pneumonic plague in health care facilities shall be placed under droplet precautions until two (2) full days of appropriate antibiotic therapy has been completed, and there has been a favorable clinical response. (4-5-00)

d. Cases or suspected cases of bubonic plague in health care facilities shall be placed under strict isolation precautions and treated with appropriate antibiotics. (9-21-92)

e. Household and face-to-face contacts of persons with pneumonic plague shall be placed on chemoprophylaxis and placed under surveillance for seven (7) days. Persons who refuse chemoprophylaxis shall be maintained under droplet precautions with careful surveillance for seven (7) days. (4-5-00)

36. Pneumococcal Disease. (5-3-03)

a. Each case of invasive Pneumococcal disease in children less than eighteen (18) years of age, including but not limited to meningitis, septicemia, bacteremia, and pneumonia shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis and determine relevant vaccine history. (5-3-03)

c. Any child who is diagnosed with Pneumococcal invasive disease shall be restricted from a day care facility, school, or work as long as the disease in a communicable form. (5-3-03)

37. Pneumocystis Carinii Pneumonia (PCP). (9-21-92)

a. Each case of Pneumocystis carinii pneumonia shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis, and to determine the underlying cause of any immune deficiency which may have contributed to the disease. If the underlying cause is an HIV infection, that shall be reported. (9-21-92)

38. Poliomyelitis. (9-21-92)

a. Each case or suspected case of poliomyelitis shall be reported to the Department or District by telephone within one (1) working day of identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, to determine whether the case is polio vaccine associated, or wild virus associated, to determine the extent of the outbreak, to ascertain if there has been person-to-person transmission, to identify susceptible contacts, carriers, and the source of the infection. (9-21-92)

c. The immunization status of all contacts shall be ascertained and all susceptible contacts shall be offered immunization. (11-17-83)

39. Psittacosis. (11-17-83)

a. Each case of psittacosis shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contact with possible sources of the infection. (11-17-83)

c. Any identified sources or suspected sources of infection shall be reported to the Department which shall notify the Idaho Department of Agriculture if birds or other animals are involved. (11-17-83)

40. Q Fever. (11-17-83)

a. Each case shall be reported to the Department or District within one (1) working day of identification. (5-3-03)

b. Each reported case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of the infection. (11-17-83)

c. Any identified or suspected sources of infection shall be reported to the Department which shall notify the Idaho Department of Agriculture if animals are involved. (11-17-83)

41. Rabies. (11-17-83)

a. Each case or suspected case of rabies in humans shall be reported immediately to the Department or District, day or night, upon identification. Each case of rabies in animals shall be reported to the Department or District and the Department of Agriculture within one (1) working day. (4-5-00)

b. Each report of a case or suspected case of rabies in humans shall be investigated to confirm the diagnosis, to identify the source and other persons or animals that may have been exposed to the source, and to identify persons who may need to undergo prophylaxis with rabies immune globulin and rabies vaccine. (4-5-00)

c. Each instance of post-exposure prophylaxis (PEP) initiation shall be reported to the Department or District within one (1) working day. (4-5-00)

d. Each reported PEP initiation shall be investigated to determine if additional individuals require

PEP and to identify the source of possible exposure. (4-5-00)

e. In the event that a human or animal case of rabies occurs, any authorized representative of the Idaho Department of Agriculture or Department or District shall establish such isolation and quarantine of animals as deemed necessary to protect the public health. (9-21-92)

f. The handling of a rabies susceptible animal which has bitten a person shall be as follows:(9-21-92)

i. Any livestock which has bitten a person shall be managed by the Department of Agriculture. (9-21-92)

ii. Any healthy domestic dog, cat, or ferret which has bitten a person shall be observed for ten (10) days following the bite under the supervision of a licensed veterinarian or other person designated by the Idaho Department of Agriculture or the Department. Such observation shall be within an enclosure, or with restraints deemed adequate to prevent contact with any member of the public or other animals. (4-5-00)

iii. It shall be the animal owner's responsibility to carry out the quarantine of the biting animal and to follow instructions provided for the quarantine of the animal. (11-17-83)

iv. Any domestic dog, cat, or ferret that has not been vaccinated against rabies and cannot be quarantined, shall be destroyed by a means other than shooting in the head. The head shall be submitted to an approved laboratory for rabies analysis. (4-5-00)

v. Susceptible animals other than domestic dogs, cats, ferrets, or livestock shall be destroyed and the head submitted to an approved laboratory for rabies analysis. (4-5-00)

vi. No person shall destroy or allow to be destroyed the head of a rabies susceptible animal which has bitten a person without authorization from the Department. (11-17-83)

g. The handling of a rabies susceptible animal that has not bitten a person, but has within the past one hundred eighty (180) days been bitten, mouthed, or mauled by, or closely confined in the same premises with a known rabid animal shall be as follows: (9-21-92)

i. Any domestic dog, cat, ferret, or livestock which has not been vaccinated as recommended by the American Veterinary Medical Association, shall be placed in quarantine for a period of six (6) months under the observation of a licensed veterinarian or a person designated by the Department or the Department of Agriculture and vaccinated one (1) month prior to release from quarantine. Vaccinated animals including livestock should be revaccinated immediately with a currently recommended rabies vaccine and quarantined for ninety (90) days. These provisions apply only to domestic animals for which an approved rabies vaccine is available. (4-5-00)

ii. The quarantine of such animal shall be within an enclosure deemed adequate by an authorized representative of the Idaho Department of Agriculture or the Department, or District to prevent contact with any person or rabies susceptible animal. (9-21-92)

iii. The owner of the animal shall be financially responsible for the cost of isolating and quarantining the animal and costs for specimen collection and testing. (11-17-83)

iv. Destruction of such animal shall be permitted as an alternative to quarantine. (11-17-83)

h. Any rabies susceptible animal other than domestic dogs, cats, ferrets, or livestock which are suspected of having rabies, or which have been in close contact with an animal known to be rabid shall be destroyed. The animal shall be tested by an approved laboratory for rabies if a person has been bitten, or has had direct contact with the animal which might result in the person becoming infected. (4-5-00)

i. Nothing in these rules is intended or shall be construed to limit the power of any city or county in its authority to enact more stringent requirements to prevent the transmission of rabies. (11-17-83)

42. Relapsing Fever. (11-17-83)

a. Each case of relapsing fever shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis, determine the extent and source of the outbreak, and to ascertain whether transmission by lice or ticks is likely. (11-17-83)

43. Reye Syndrome. (9-21-92)

a. Each case of Reye syndrome shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each case shall be investigated to obtain specific clinical information, to learn more about the etiology, risk factors, and means of preventing the syndrome. (9-21-92)

44. Rocky Mountain Spotted Fever. (11-17-83)

a. Each case of Rocky Mountain spotted fever shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report shall be investigated to confirm the diagnosis, to identify the source of infection, and to determine if control measures should be initiated. (11-17-83)

45. Rubella. (11-17-83)

a. Each case or suspected case of rubella (including congenital rubella syndrome) shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis, determine the extent of the outbreak, to identify any contacts who are susceptible, pregnant women, and to document the presence of the congenital rubella syndrome. (11-17-83)

c. Persons diagnosed with rubella shall not engage, as long as the disease is in a communicable stage, in any occupation in which there is close contact with children in day care facilities or other persons in schools, health care, or residential care facilities, or with women likely to be pregnant. (11-17-83)

d. Any person with rubella, regardless of age, shall not attend or be present in a private, parochial, charter, or public school as long as the disease is in a communicable stage. (4-5-00)

e. A person diagnosed with rubella shall not attend or be present in a day care facility as long as the disease is in a communicable form. (11-17-83)

46. Salmonellosis. (11-17-83)

a. Each case of salmonellosis (including typhoid fever) shall be reported to the Department or District within one (1) working day of identification. (9-21-92)

b. Each report of a case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify contacts, carriers, and the source of contamination. (11-17-83)

c. Fecally incontinent persons who are excreting Salmonella shall not attend day care facilities unless exemption is obtained from the Department or District. Any exemptions may be based on the absence of symptoms, and the hygiene of the facility and staff. (9-21-92)

d. Persons excreting Salmonella shall be restricted from working as food handlers, and shall not engage in any occupation in which they provide personal care to children in day care facilities or to persons who are

confined to health care facilities or residential care facilities unless exemption is obtained from the Department. Any exemption for day care, health care, or residential care facilities may be based on the absence of symptoms and the hygiene of the facility and staff. (9-21-92)

i. The Department or authorized representative for the Department may rescind this restriction on cases other than Salmonella typhi infection provided that two (2) approved fecal specimens, collected not less than twenty-four (24) hours apart, fail to show Salmonella upon testing by a licensed laboratory. (11-17-83)

ii. Any member of a household in which there is a case of non-typhi salmonellosis may not engage in the above occupations until they produce at least one (1) negative fecal specimen for Salmonella testing on examination by a licensed laboratory. (4-5-00)

e. Identification and management of non-Salmonella typhi carriers. (11-17-83)

i. Any person who excretes Salmonella for more than one (1) year after onset is defined to be a chronic carrier. (11-17-83)

ii. Chronic carriers shall be restricted from working as food handlers, and shall not engage in any occupation in which they provide personal care to children in day care facilities or to persons who are confined to health care facilities or residential care facilities until Salmonella species is not identified by a licensed laboratory in any of three (3) successive approved fecal specimens collected at least seventy-two (72) hours apart. (4-5-00)

g. Identification and management of typhoid fever cases and carriers. (11-17-83)

i. Any person with typhoid fever shall remain subject to the supervision of the Department or authorized representative of the Department until Salmonella typhi is not isolated by a licensed laboratory from four (4) successive approved fecal specimens. These specimens are to be collected at least twenty-four (24) hours apart and not earlier than one (1) month after onset. (11-17-83)

ii. Any member of a household in which there is a case of salmonella typhi may not engage in the above occupations until at least two (2) fecal specimens are negative for Salmonella testing on examination by a licensed laboratory. (4-5-00)

iii. All carriers of Salmonella typhi shall abide by the typhoid fever carrier agreement. Failure to abide by the carrier agreement may cause the carrier to be isolated. (11-17-83)

(1) The typhoid carrier agreement is a written agreement between the carrier and the Department. (11-17-83)

(2) The carrier agrees to not work as a food handler, to notify the Department at once of any change in address or occupation, to report to the District immediately any cases of illness suggestive of typhoid fever in his/her family or among immediate associates, and to furnish specimens for examination in a manner prescribed by the Department. (11-17-83)

iv. Chronic carriers of typhoid fever may be released from carrier status when Salmonella typhi is not identified by a licensed laboratory in any of six (6) consecutive approved fecal specimens and urine specimens collected at least one (1) month apart. (11-17-83)

47. Severe Acute Respiratory Syndrome (SARS). (12-1-03)T

a. Each case of suspected or confirmed SARS must be reported to the Department or District within one (1) working day. (12-1-03)T

b. Each report of a case of suspected or confirmed SARS must be investigated to confirm the diagnosis, review the travel and other exposure history, identify other persons potentially at risk, and to identify the most likely source of infection. (12-1-03)T

c. Recommendations for appropriate isolation of the suspected or confirmed case will be made. (12-1-03)T

4~~7~~8. Shigellosis. (11-17-83)

a. Each case of shigellosis shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis and to determine the extent of the outbreak. An attempt shall be made to identify contacts, carriers, and the source of infection. (11-17-83)

c. Persons excreting Shigella shall not work as food handlers nor attend day care facilities. They shall not engage in any occupation in which they provide personal care to children in day care facilities or to persons who are confined to health care or residential care facilities unless exemption is obtained from the Department or District. In an outbreak in a facility, a cohort system may be approved. (9-21-92)

i. The Department or authorized representative of the Department may rescind this restriction provided that two (2) approved fecal specimens collected at least twenty-four (24) hours apart fail to show Shigella upon testing by a licensed laboratory. (11-17-83)

ii. No member of the household in which there is a case of shigellosis may engage in any of the above-mentioned occupations unless the Department approves and at least one (1) fecal specimen is negative for Shigella testing on examination by a licensed laboratory. (9-21-92)

4~~8~~9. Smallpox. (5-3-03)

a. Each case or suspected case of smallpox shall be reported to the Department or District by telephone immediately upon identification. (5-3-03)

b. Each report of a case or suspected case shall be investigated promptly to confirm the diagnosis, to determine the extent of the outbreak, to identify the source of the infection, and to identify susceptible contacts. (5-3-03)

c. Cases or suspected cases of smallpox in health care facilities shall be placed under airborne, contact, and standard precautions until the disease is no longer in a communicable stage. (5-3-03)

d. A person who is diagnosed as having smallpox shall not engage in any occupation as long as the disease is in a communicable stage. (5-3-03)

e. A child diagnosed with smallpox shall not attend a day care facility as long as the disease is in a communicable stage. (5-3-03)

f. Any person, regardless of age, shall not attend a private, parochial, charter, or public school or attend public gatherings as long as the disease is in a communicable stage. (5-3-03)

g. In the event of an outbreak, the Department or District may exclude susceptible children and employees from day care facilities and schools where a case has been identified until adequate immunization is obtained, or the threat of further spread is contained (Section 33-512, Idaho Code). (5-3-03)

4~~9~~50. Streptococcus Pyogenes, Group A, Infections Which Are Invasive Or Result In Rheumatic Fever. (11-17-83)

a. Each case of Streptococcus pyogenes, Group A, infection which is invasive or results in rheumatic fever shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each case shall be investigated to confirm the diagnosis, to determine if the infection is part of an outbreak, and to identify the source of the infection. (4-5-00)

c. Infected persons should not attend day care, school, or work in health care facilities until twenty-four (24) hours has elapsed after treatment is initiated, or until the patient is no longer infectious as determined by a physician, District or the Department. (9-21-92)

5~~0~~1. Syphilis. (9-21-92)

a. Each case or suspected case of infectious, or recently infectious, syphilis shall be reported to the Department or District within three (3) working days of identification. Cases of late latent syphilis shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each case or suspected case of primary, secondary, or early latent syphilis shall be investigated by a representative of the Department or District after notification has been received. (9-21-92)

c. Each person diagnosed with infectious syphilis shall be required to inform their sexual contacts that they may have been exposed to a sexually transmitted infection (venereal disease), or provide sufficient information so public health officials may locate contacts and assure that each is offered prompt diagnosis and treatment (Section 39-605, Idaho Code). (4-5-00)

d. A physician may order blood tests for syphilis when an informed consent is not possible and there has been or is likely to be significant exposure to a person's blood or body fluids by a person providing emergency or medical services. (5-16-90)

5~~1~~2. Tetanus. (9-21-92)

a. Each case of tetanus shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis and to determine the immunization status of the case. (9-21-92)

5~~2~~3. Trichinosis. (11-17-83)

a. Each case of trichinosis shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, and to identify the source of infection. (11-17-83)

c. Any identified or suspected source of infection shall be reported to the Department which shall immediately notify the Idaho Department of Agriculture and/or other regulatory agency. (11-17-83)

5~~3~~4. Toxic Shock Syndrome. (11-17-83)

a. Each case of toxic shock syndrome shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each case shall be investigated to obtain specific clinical information on the syndrome to learn more about the etiology of the syndrome, risk factors associated with the syndrome, and means of preventing the syndrome. (11-17-83)

5~~4~~5. Tuberculosis. (11-17-83)

a. Each case or suspected case of tuberculosis shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case or suspected case shall be investigated to confirm the diagnosis and to identify

contacts, associated cases, and the source of the infection. (11-17-83)

c. Restriction of cases and contacts. (11-17-83)

i. In health care facilities, persons with active pulmonary tuberculosis shall be placed under airborne precautions until they have been determined to be noninfectious by the licensed physician, the infection control committee of the facility or the Department. Patients suspected to have pulmonary tuberculosis shall be placed under airborne precautions until the diagnosis of infectious pulmonary tuberculosis has been excluded by the attending physician. (4-5-00)

ii. Patients with infectious pulmonary tuberculosis shall not engage in any occupation in which they have direct contact with students in schools, provide personal care to children in day care facilities, or provide personal care to persons confined to health care or residential care facilities until they have been determined to be noninfectious by their physician. (9-21-92)

iii. Patients with infectious pulmonary tuberculosis may not attend a school or day care facility until they have been determined to be noninfectious by their licensed physician and the Department or District. (9-21-92)

iv. Any member of the household in which there is a case of infectious tuberculosis shall not engage in any occupation in which he provides direct supervision of students in schools, personal care to children in day care facilities, or personal care to persons who are confined to health care or residential facilities, or attend a school or day care facility until he has been determined to be free from communicable tuberculosis. (9-21-92)

d. In the event that a case of communicable tuberculosis is diagnosed in an employee or patient of a health care facility, the facility shall conduct an investigation to identify contacts. The Department or District authorized representative may assist in the investigation. (9-21-92)

5~~5~~6. **Tularemia**. (11-17-83)

a. Each case of tularemia shall be reported to the Department or District within one (1) working day of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis and to identify the source of the infection. (4-5-00)

c. Any source or suspected source of the infection shall be reported to the Department, which shall notify the Idaho Department of Agriculture. (11-17-83)

5~~6~~7. **Viral Or Aseptic Encephalitis And Meningitis**. (4-5-00)

a. Each case of diagnosed or suspected viral or aseptic encephalitis and meningitis shall be reported within three (3) working days of identification. (5-3-03)

b. Each report of a case may be investigated to confirm the diagnosis, to identify clusters or outbreaks of the infection, and to identify the agent or source of the infection. (9-21-92)

58. West Nile Virus (WNV) Infection. (12-1-03)T

a. Each case of diagnosed west nile virus (WNV) infection must be reported to the Department or District withing three (3) working days. A WNV infection will be defined as asymptomatic (determined through blood donation screening), fever, encephalitis, meningitis, meningoencephalitis, acute flaccid paralysis or other central or peripheral nervous system manifestation. (12-1-03)T

b. Each report of a case of WNV infection must be investigated to confirm the diagnosis, review any travel history, review any blood donations, and identify the most likely source of infection including exposure to vectors, blood transfusion or organ receipt. (12-1-03)T

5~~7~~9. Yersiniosis. (11-17-83)

a. Each case of yersiniosis shall be reported to the Department or District within three (3) working days of identification. (5-3-03)

b. Each report of a case shall be investigated to confirm the diagnosis and to identify carriers and the source of the infection. (11-17-83)

~~58~~60. Extraordinary Occurrence Of Illness, Including Clusters. (4-5-00)

a. Cases, suspected cases, and clusters of extraordinary or unusual illness shall be reported to the Department or District within one (1) working day by the diagnosing person. (4-5-00)

i. Each case, suspected case, and cluster shall be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify the source of infection or exposure, and to determine whether there is a risk to the public warranting intervention by a public health agency. Evaluation and control measures shall be undertaken in consultation with the Department and other appropriate agencies. The Department or authorized representative of the Department may elect to investigate by conducting special studies as outlined in Section 016. (4-5-00)

ii. Extraordinary or unusual outbreaks include illnesses which may be a significant risk to the public, may involve a large number of persons, or are a newly described entity. (9-21-92)

iii. Even in the absence of a defined etiologic agent or toxic substance, clusters of unexplained acute illness and early-stage disease symptoms shall be reported to the Department or District within one (1) working day and investigated. (4-5-00)

~~59~~61. Severe Reaction To Any Immunization. (9-21-92)

a. Each case or suspected case of a severe reaction to any immunization shall be reported by telephone to the Department or District within one (1) working day of identification. (9-21-92)

b. Each case or suspected case shall be investigated to confirm and to document the circumstances relating to the reported reaction. (11-17-83)

6~~0~~2. Food Poisoning, Foodborne Illness, and Waterborne Illness. (5-3-03)

a. Each case or suspected case of food poisoning, foodborne illness, or waterborne illness shall be reported to the Department or District within one (1) working day of identification. (5-3-03)

b. Each report of a case or suspected case of food poisoning, food borne illness, or waterborne illness may be investigated to confirm the diagnosis, to determine the extent of the outbreak, to identify the source, and to determine if actions need to be taken to prevent additional cases. (5-3-03)

6~~1~~3. Lead Poisoning Or Excess Lead Exposure. (9-21-92)

a. Each case of symptomatic lead poisoning or excess lead exposure as determined by a blood lead level of ten (10) micrograms or more per deciliter (10 ug/dl) of whole blood shall be reported to the Department within one (1) week of identification. (9-21-92)

b. Each case of lead poisoning or excess lead exposure may be investigated to determine the source, and to determine if actions need to be taken to prevent additional cases. (9-21-92)

021. -- 024. (RESERVED).

025. CONTROL OF REPORTABLE AND RESTRICTABLE DISEASES IN CERTAIN FACILITIES.

01. Day Care Facilities. (11-17-83)

a. Day care reportable and restrictable diseases are those diseases that are readily transmissible among children and staff in day care facilities. (11-17-83)

b. Examples of day care restrictable diseases that are reportable include, but are not limited to: (11-17-83)

i. Amebiasis; (11-17-83)

ii. Campylobacteriosis; (11-17-83)

iii. Diphtheria; (11-17-83)

iv. Escherichia coli 0157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)

v. Giardiasis; (11-17-83)

vi. Hepatitis A; (9-21-92)

vii. Haemophilus influenzae invasive disease; (9-21-92)

viii. Measles; (11-17-83)

ix. Mumps; (11-17-83)

x. Neisseria meningitidis invasive disease; (9-21-92)

xi. Pertussis; (11-17-83)

xii. Pneumococcal invasive disease in children less than eighteen (18) years of age; (5-3-03)

xiii. Poliomyelitis; (11-17-83)

xiv. Rubella; (11-17-83)

xv. Salmonellosis; (11-17-83)

xvi. Severe acute respiratory syndrome (SARS); (12-1-03)T

xvii. Shigellosis; (11-17-83)

xviii. Smallpox; (5-3-03)

x~~vii~~ix. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)

x~~i~~x. Tuberculosis; (11-17-83)

c. Examples of day care restrictable diseases not on the reportable list include: (11-17-83)

i. Conjunctivitis; (11-17-83)

ii. Cutaneous fungal infections; (11-17-83)

iii. Pediculosis; (11-17-83)

iv. Scabies; (11-17-83)

v. Staphylococcal infections; (11-17-83)

vi. Streptococcal pharyngeal infections; (9-21-92)

vii. Varicella (chickenpox). (5-3-03)

d. A person who is diagnosed to have a day care restrictable disease shall not engage, as long as the disease is in a communicable stage, in any occupation in which there is direct contact with children in a day care facility. (11-17-83)

e. A child who is diagnosed to have a day care restrictable disease shall not attend a day care facility as long as the disease is in a communicable stage. This restriction may be removed by the written certification of a licensed physician, public health nurse or school nurse that the person's disease is no longer communicable. (11-17-83)

f. When satisfactory measures have been taken to prevent the transmission of disease, the affected child or employee may continue to attend or to work in the day care facility if approval is obtained from the Department or District. (9-21-92)

02. Food Service Facilities. (11-17-83)

a. A person who is diagnosed to have one (1) of the following diseases or conditions which can be transmitted from one (1) person to another through food or beverage shall not work as a food handler as long as the disease is in a communicable stage. These diseases and conditions include, but are not limited to: (11-17-83)

i. Amebiasis; (11-17-83)

ii. Campylobacteriosis; (11-17-83)

iii. Cholera; (11-17-83)

iv. Diarrhea (until common communicable causes have been ruled out); (11-17-83)

v. Diphtheria; (11-17-83)

vi. Escherichia coli 0157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)

vii. Giardiasis; (11-17-83)

viii. Hepatitis A; (9-21-92)

ix. Salmonellosis; (11-17-83)

x. Shigellosis; (11-17-83)

xi. Staphylococcal skin infections; (11-17-83)

xii. Streptococcal skin infections; (11-17-83)

xiii. Taeniasis; (11-17-83)

xiv. Tuberculosis (active); (11-17-83)

xv. Vomiting (until noninfectious cause is identified); (11-17-83)

b. The state health officer or his authorized representative may require a food handler to submit to an

examination to determine the presence of a disease that can be transmitted by means of food when there is reasonable cause to believe the food handler is afflicted with a disease listed in this section. (11-17-83)

c. If the person in charge of the eating or drinking establishment has reason to suspect that any employee has a disease listed in Subsection 025.02.a. that is in a communicable form, he must immediately notify the Department or District and obtain guidance on proper actions needed to protect the public. (4-5-00)

03. Schools. (11-17-83)

a. School reportable and restrictable diseases are those diseases that are readily transmissible among students and staff in schools. (11-17-83)

b. Examples of school restrictable diseases that are reportable include, but are not limited to: (11-17-83)

i. Diphtheria; (11-17-83)

ii. Escherichia coli 0157:H7 and other shiga toxin producing E. coli (STEC); (4-5-00)

iii. Haemophilus influenzae invasive diseases; (9-21-92)

iv. Measles; (11-17-83)

v. Mumps; (11-17-83)

vi. Neisseria meningitidis invasive disease; (9-21-92)

vii. Pertussis; (11-17-83)

viii. Plague; (11-17-83)

ix. Pneumococcal invasive disease in children less than eighteen (18) years of age; (5-3-03)

x. Rubella; (11-17-83)

xi. Severe acute respiratory syndrome (SARS); (12-1-03)T

xii. Shigellosis; (11-17-83)

xiii. Smallpox; (5-3-03)

xiiiv. Streptococcus pyogenes, Group A, infections which are invasive or result in rheumatic fever; (9-21-92)

xiv. Tuberculosis (active). (11-17-83)

c. Examples of school restrictable diseases not on the reportable list include: (11-17-83)

i. Conjunctivitis; (11-17-83)

ii. Cutaneous fungal infections; (11-17-83)

iii. Pediculosis; (11-17-83)

iv. Scabies; (11-17-83)

v. Staphylococcal skin infections; (11-17-83)

vi. Streptococcal pharyngeal infections; (9-21-92)

vii. Varicella (chickenpox). (5-3-03)

d. Any person who is diagnosed to have a school restrictable disease shall not engage, as long as the disease is in a communicable stage, in any occupation that involves direct contact with students in a private, parochial charter, or public school. (4-5-00)

e. Any person who is diagnosed with or reasonably suspected to have a school restrictable disease shall not attend a private, parochial, charter, or public school as long as the disease is in a communicable stage. (4-5-00)

f. A licensed physician, public health nurse, school nurse or other person authorized by the Department may determine when a person with a school restrictable disease can no longer transmit the disease to others. (11-17-83)

g. A school administrator must report the closure of any public, parochial, charter, or private school within one (1) working day when, in his opinion, such closing is related to a communicable disease. (4-5-00)

2004 - Health and Welfare Senate Temporary Rule (Salmon)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - RULES GOVERNING THE MEDICAL ASSISTANCE PROGRAM

DOCKET NO. 16-0309-0311

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is December 1, 2003.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202, 56-203, 56-1003(l), and 56-1004(l)(a), Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be held as follows:

Date:	**Thursday, November 13, 2003**	**Tuesday, November 18, 2003**	**Thursday, November 20, 2003**
Time:	**6:00 - 8:00 p.m.**	**6:00 - 8:00 p.m.**	**6:00 - 8:00 p.m.**
Place:	**Region IV**	**Region VI**	**Region I**
	1720 Westgate Drive	**Human Development Center**	**333 Ironwood Drive**
	Suite D, Room 119	**421 Memorial Drive**	**(Ameritel Inn)**
	Boise, ID	**Pocatello, ID**	**Coeur d'Alene, ID**

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a non-technical explanation of the substance and purpose of the proposed rule making:

The rules regarding psychosocial rehabilitation (PSR) are being changed to reflect new business practices that are a direct result of the budgetary holdbacks in SFY 2003. The resulting mandated staff reductions led to the elimination of Regional Mental Health Authority (RMHA) staff positions. Consequently, the functions of assessment and service planning have been transferred to the private mental health psychosocial rehabilitation (PSR) providers.

The rules regarding the partial care service are being changed in response to complaints from both internal and external sources that there are providers of the partial care service who are endangering the safety and well-being of program participants through their interpretation of the partial care rules.

For the PSR rules, the changes:

1. Add definitions to reflect the new business practice;
2. Specify the timeline for development of service plan following discharge from inpatient hospitalization;
3. Describe the responsibilities of the Department;
4. Describe of the responsibilities of the service provider;
5. Clarify the service description;
6. Add criminal history check as a provider qualification;
7. Add specifications for record requirements; and
8. Explain service limitations in greater detail.

For the rules regarding mental health clinics and the partial care services, the changes:

1. Expand mental health clinic provider agency requirements;
2. Add criminal history check as a provider qualification;
3. Redefine and expand the definition of the partial care service; and
4. Provide new requirements for building safety standards.

The proposed rule text is in legislative format. Language the agency proposes to add is underlined. Language the agency proposes to delete is struck out. It is these additions and deletions to which the public comment should be addressed.

TEMPORARY RULE JUSTIFICATION: Temporary rules have been adopted in accordance with Section 67-5226(1)(a) and (b), Idaho Code and are necessary in order to protect the public health, safety, or welfare and to

comply with deadlines in amendments to governing law or federal programs.

NEGOTIATED RULEMAKING: Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted prior to the publication of the temporary and proposed rule because of the timeframes for submission. However, rule changes are being made, in part, in response to unsolicited public input. Public hearings have been scheduled during the comment period.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rules, contact Pat Guidry at (208) 364-1844.

Anyone can submit written comments regarding this rulemaking. All written comments and data concerning the rule must be directed to the undersigned and delivered on or before November 26, 2003.

DATED this 30th day of September, 2003.

Sherri Kovach, Program Supervisor
DHW – Administrative Procedures Section
450 West State Street - 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 332-7347 fax
kovachs@idhw.state.id.us e-mail

THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0309-0311

401. -- 44~~9~~8. (RESERVED).

449. DEFINITIONS FOR PSYCHOSOCIAL REHABILITATIVE SERVICES (PSR).

01. Assessment Hours. Time allotted for completion of evaluation and diagnostic services. (12-1-03)T

02. Demographic Information. Information that identifies participants and is entered into the Department's database collection system. (12-1-03)T

03. Goal. The desired outcome related to an identified issue. (12-1-03)T

04. Initial Contact. The date a participant or parent guardian signs the request for assessment hours. (12-1-03)T

05. Issue. A statement specifically describing the participant's behavior directly relating to the participant's mental illness and functional impairment. (12-1-03)T

06. Licensed Practitioner Of The Healing Arts. A licensed physician, physician assistant, nurse practitioner, or clinical nurse specialist. The nurse practitioner and clinical nurse specialist must have experience prescribing psychotropic medication. (12-1-03)T

07. Objective. A milestone toward meeting the goal that is concrete, measurable, time-limited, and

behaviorally specific. (12-1-03)T

08. Psychosocial Rehabilitative Services (PSR). Rehabilitative services provided both to children with serious emotional disturbance and to adults with severe and persistent mental illness to address functional deficits due to psychiatric illness and to restore independent living, socialization, and effective life management skills. (12-1-03)T

09. Tasks. Specific, time-limited activities and interventions designed to accomplish the objectives in the service plan. (12-1-03)T

450. PSYCHOSOCIAL REHABILITATIVE SERVICES~~— *MENTAL HEALTH*~~.
~~*Pursuant to*~~ Under 42 CFR 440.130(d) and in accordance with Section 39-3124, Idaho Code, the Department ~~*shall*~~ or its designee in each region must purchase psychosocial rehabilitative services (PSR) for maximum reduction of mental disability. ~~*These services are intended to promote the highest possible functional level through restoration and skill maintenance. Rehabilitative Services, are hereafter referred to as the Psychosocial Rehabilitative Services (PSR). Eligibility for PSR services shall be assessed, plans will be developed, and services prior authorized by the Department of Health Welfare, hereinafter referred to as the Department, or its designee in each region, in accordance with Section 39-3124, Idaho Code.*~~ For psychosocial rehabilitative services provided by a school district under an individualized education plan, refer to Section 560 of these rules. ~~*(3-15-02)*~~(12-1-03)T

01. PSR Eligibility Criteria For Children. A seriously emotionally disturbed child is an individual under the age of eighteen (18) who has a serious emotional disturbance (SED). The following definition of the SED target population is based on the guidelines taken from Section 1912(c) of the Public Health Services Act as amended by Public Law 102-321; the Children's Mental Health Services Act, Title 16, Chapter 24, Idaho Code; and IDAPA 16.06.01, "Rules Governing Family and Children's Services". (3-15-02)

a. Presence of an emotional or behavioral disorder, according to the DSM-IV-TR or subsequent revisions to the DSM, which results in a serious disability; and ~~*(3-15-02)*~~(12-1-03)T

b. Requires sustained treatment interventions; and (3-15-02)

c. Causes the child's functioning to be impaired in thought, perception, affect, or behavior. (3-15-02)

d. The disorder ~~*shall be*~~ is considered to be a serious disability if it causes substantial impairment in functioning. Functional impairment ~~*shall*~~ must be assessed using the Child and Adolescent Functional Assessment Scale (CAFAS). Substantial impairment ~~*shall*~~ requires a full eight (8) scale score of eighty (80) or higher with "moderate" impairment in at least one (1) of the following three (3) scales: ~~*(3-15-02)*~~(12-1-03)T

i. Self-Harmful Behavior; (3-15-02)

ii. Moods/Emotions; or (3-15-02)

iii. Thinking. (3-15-02)

e. A substance abuse disorder, or conduct disorder, or developmental disorder, alone, does not constitute a serious emotional disturbance, although one (1) or more of these conditions may co-exist with serious emotional disturbance. ~~*(3-15-02)*~~(12-1-03)T

02. PSR Eligibility Criteria For Adults. A severely and persistently mentally ill adult is any individual eighteen (18) years or older who has a severe and persistent mental illness. The following criteria are required to be a member of the target population based on the guidelines taken from the Federal Register ~~*pursuant to*~~ under Section 1912(c) of the Public Health Services Act and as amended by Public Law 102-321 "adults with a serious mental illness". ~~*(3-15-02)*~~(12-1-03)T

a. The individual must have a diagnosis under DSM-IV-TR or subsequent revisions to the DSM, of Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder recurrent severe, Delusional Disorder, or Borderline Personality Disorder. ~~*Also*~~ The only NOS diagnosis included is

Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a more conclusive diagnosis~~,~~; and ~~(3-15-02)~~(12-1-03)T

b. The psychiatric disorder must be of sufficient severity to cause a substantial disturbance in role performance or coping skills in at least two (2) of the following areas on either a continuous or an intermittent (at least once per year) basis: (3-15-02)

i. Vocational/~~academic~~ educational; ~~(3-15-02)~~(12-1-03)T

ii. Financial; (3-15-02)

iii. Social~~/interpersonal~~ relationships/support; ~~(3-15-02)~~(12-1-03)T

iv. Family; (3-15-02)

v. Basic living skills; (3-15-02)

vi. Housing; (3-15-02)

vii. Community/legal; or (3-15-02)

viii. Health/medical. (3-15-02)

03. PSR Eligibility Following Discharge From Psychiatric Hospitalization. Children and adults discharged from psychiatric hospitalization and who meet the diagnostic criteria of the target population in these rules, ~~shall be~~ described in Subsections 450.01.a. for children, and in 450.02.a. for adults, are considered immediately eligible for PSR ~~and a plan will be completed~~ services for a period of at least one hundred and twenty (120) days following discharge from the hospital. The service plan must be submitted to the Department or its designee within ten (10) days of discharge. ~~(3-15-02)~~(12-1-03)T

04. Place Of Service. PSR services are to be home and community-based. ~~(3-15-02)~~(12-1-03)T

a. PSR services ~~shall~~ must be provided to the ~~recipient~~ participant in his home and community whenever possible. Any other location, including a provider's office or clinic, may be used if the specific place of service is stated in the task plan and is prior authorized. ~~(3-15-02)~~(12-1-03)T

b. PSR services may be provided to a ~~recipient~~ participant living in a residential ~~and~~ or assisted living facility ~~(RALF)~~ if the PSR services are determined by the Department or its designee to be appropriate, desired by the resident, and are not the responsibility of the ~~RALF~~ facility or another agency under the ~~RALF~~ Negotiated Service Agreement for residential or assisted living facilities. ~~(3-15-02)~~(12-1-03)T

451. RESPONSIBILITIES OF ~~REGIONS~~ THE DEPARTMENT REGARDING PSR SERVICES.
~~Each region shall enter into a~~ The Department will administer the provider agreement ~~with the Division of Medicaid for the provision of PSR~~ for the provision of PSR services and ~~shall also be~~ is responsible for the following tasks: ~~(3-15-02)~~(12-1-03)T

01. Service System. ~~Each region~~ The Department is responsible for the development, maintenance and coordination of ~~a~~ regional ~~-wide~~, comprehensive and integrated service systems ~~including the Department and private providers~~. ~~(3-15-02)~~(12-1-03)T

02. ~~Service Provision~~. ~~Each region shall provide PSR services directly, and through private providers with whom the Department or its designee has negotiated a Supplemental Service Agreement.~~ **Assessment Authorization**. The Department or its designee will review requests for assessment hours and authorize as appropriate. ~~(3-15-02)~~(12-1-03)T

~~**03. Service Availability**. Assure provision of PSR services to recipients on a twenty-four (24) hour basis.~~ ~~(3-30-01)~~

~~***04. Comprehensive Assessment And Service Plan Development**. The Department or its designee is responsible to conduct a comprehensive assessment and develop a service plan for each recipient determined eligible for PSR services. At the point a decision is made that an individual is not eligible for PSR, a Notice of Decision citing the reason(s) the recipient is not eligible for PSR services will be issued by the Department or its designee. The Notice of Decision will be sent to the adult recipient and a copy to their guardian. When the recipient is a minor child, the Notice of Decision will be sent to the minor child's parent(s) or guardian. The adult or family of the minor child will receive appropriate referrals to meet their identified needs (3-15-02)~~

0~~5~~3. Service Plan Authorization~~s~~ Requirements. ~~*All PSR services must be authorized by the Department or its designee.*~~ Service plan authorizations must include the following: ~~*(3-15-02)*~~(12-1-03)T

a. Required Documentation. The required documentation for all service plans includes: (12-1-03)T

i. Participant demographic information; (12-1-03)T

ii. A comprehensive assessment as provided in Subsection 453.01 of these rules; and (12-1-03)T

iii. A written service plan as provided in Subsection 453.02 of these rules. (12-1-03)T

iv. Adult service plans also require a rehabilitation outcome database. (12-1-03)T

v. Children's service plans also require the Child and Adolescent Functional Assessment Scale (CAFAS). (12-1-03)T

~~***a***~~**b.** ~~*The signature of a physician, or other licensed practitioner of the healing arts within the scope of his practice under state law according to Title 54, Chapter 18, Idaho Code, is required on the service plan indicating the services are medically necessary. The date of the plan is the date it is signed by the physician.*~~ Physician's Signature and Receipt of Required Documentation. Reimbursement for services will be authorized from the date of the physician's signature if the required documentation is received by the Department or its designee within thirty (30) days from the request of assessment hours. If the documentation is received after thirty (30) days from the date of the request of assessment hours, or after the expiration of the plan, the date to begin services is the date the service plan and other required documentation are received by the Department or its designee. For the annual update, all required documentation must be received by the Department or its designee before the expiration date of the current assessment and plan. In order for a prior authorization to remain valid throughout the service plan year, documentation of the one hundred twenty (120) day reviews must comply with Subsection 457.05 of these rules. ~~*(3-15-02)*~~(12-1-03)T

~~***b***~~**c.** Hours and Type of Service. The Department or its designee ~~*shall*~~ must authorize the number of hours and type of services which could be reasonably expected to lead to achievement of the service plan objectives. ~~*(3-15-02)*~~(12-1-03)T

~~***c***~~**d.** Authorization Time Period. Service authorizations are limited to a twelve (12) month period and must be reviewed and updated at least annually. ~~*(3-15-02)*~~(12-1-03)T

~~***d***~~**e.** No Duplication of Services. The Department or its designee ~~*shall*~~ must monitor, coordinate, and jointly plan with all known providers to a participant to prevent duplication of services provided to PSR ~~*recipients*~~ participants through other Medicaid reimbursable and non-Medicaid programs. ~~*(3-15-02)*~~(12-1-03)T

~~***06. Task Plan Oversight**. Task plan oversight is the responsibility of the Department or its designee. (3-15-02)*~~

~~***a.** The task plan shall be reviewed by the Department or its designee to assure that the tasks can be reasonably expected to lead to achievement of the objectives outlined in the service plan. (3-15-02)*~~

~~***b.** The recipient shall participate in the development of the task plan to the fullest extent possible. (3-15-02)*~~

~~c. The final task plan shall be reviewed, authorized and signed by the Department or its designee within ten (10) working days of receipt. (3-15-02)~~

~~d. The Department or its designee may prior authorize PSR hours for a maximum of thirty (30) days during the task plan development. (3-15-02)~~

~~07. Minor Changes To The Task Plan. When the Department or its designee is notified, in writing, by the provider of necessary and specific amendments to the task plan which require no change in total hours or service type, as well as the rationale for those changes, the Department or its designee shall have ten (10) working days to respond to any or all of the amendments. If no response is received, the provider shall proceed to incorporate those and only those, specific amendments to the task plan. A copy of the amended task plan shall be forwarded to the Department or its designee. While task amendments may result in reassignment of available hours among tasks, under no circumstances does this permit the provider to increase the total number of hours prior authorized. (3-15-02)~~

0~~8~~4. **Changes In ~~Task~~ Service Plan Hours Or Service Type**. When the Department or its designee is notified, in writing, by the provider of recommended increases in hours or change in type of service provided, the Department or its designee ~~will~~ must review the request and either approve or deny within ten (10) working days of receipt. A clear rationale for the change in hours or service type must be included with the request.
~~(3-15-02)~~(12-1-03)T

0~~9~~5. **Changes To Service Plan Objectives**. When a provider believes that a service plan needs to be revised, the provider should include that recommendation and rationale in documentation of the next one hundred twenty (120) day review. The Department or its designee will review the information, and if appropriate, act on the recommendation. In the event substantial changes in the ~~recipient's~~ participant's mental status or circumstances occur requiring immediate changes in the plan objectives, the provider ~~shall~~ must notify the Department or its designee, in writing, of its recommendation and rationale for the change. The Department ~~will have~~ has ten (10) working days to respond to and either approve or deny the request for change. ~~(3-15-02)~~(12-1-03)T

06. **Minor Changes To Service Plan Tasks**. When the Department or its designee is notified in writing by the provider of necessary and specific changes to service plan tasks that require no change in total hours or service type, a copy of the amended service plan tasks must be forwarded to the Department or its designee including rationale for those changes. The Department or its designee has ten (10) working days to respond to the changes. If no response is received, the provider may proceed to incorporate those and only those specific task changes to the service plan. While task changes may result in reassignment of available hours among tasks, under no circumstances does this permit the provider to increase the total number of prior authorized hours. (12-1-03)T

~~1~~07. **Quality Of Services**. The Department or its designee ~~shall~~ must monitor the quality and outcomes of PSR services provided to ~~recipients~~ participants, in coordination with the Divisions of Medicaid, Management Services, and Family and Community Services. ~~(3-15-02)~~(12-1-03)T

~~a. An outcome-based quality assurance review shall be conducted on each case at least annually as defined in the provider agreement. A billing audit shall be conducted through a sampling of cases. These activities shall be conducted by the Department or its designee. (3-15-02)~~

~~b. Effectiveness of services as measured by a consumer's achievement of their plan objectives will be monitored by the provider and the Department or its designee by using one hundred twenty (120) day reviews. The written reviews, including a summary of objectives met and not met by consumers, will be used to develop provider profiles to assist recipients with provider selection. (3-15-02)~~

452. RESPONSIBILITIES OF PSR PROVIDERS.

01. **Provider Agreement**. Each provider must enter into a provider agreement with the Division of Medicaid for the provision of PSR services and also is responsible for the following tasks: (12-1-03)T

02. **Service Provision**. Each provider must have a negotiated Supplemental Service Agreement with

the Department. (12-1-03)T

03. Service Availability. Each provider must assure provision of PSR services to participants on a twenty-four (24) hour basis. (12-1-03)T

04. Comprehensive Assessment And Service Plan Development. The provider is responsible to conduct a comprehensive assessment and develop a service plan for each participant. At the point a decision is made that a participant is ineligible for PSR services, a notice of decision citing the reason(s) the participant is ineligible for PSR services must be issued by the Department or its designee. The notice of decision must be sent to the adult participant and a copy to their guardian. When the participant is a minor child, the notice of decision must be sent to the minor child's parent(s) or guardian. The adult or family of the minor child must receive appropriate referrals to meet their identified needs. (12-1-03)T

05. Service Plan. The provider must develop a service plan in accordance with Subsection 453.02 of these rules. The signature of a physician, or other licensed practitioner of the healing arts within the scope of his practice under state law is required on the service plan indicating the services are medically necessary. The date of the plan is the date it is signed by the physician if all the required documentation is received by the Department or its designee within thirty (30) days of the date of the request for assessment hours. (12-1-03)T

06. Changes To Service Plan Objectives. When a provider believes that a service plan needs to be revised, the provider should include that recommendation and rationale in the documentation for the next one hundred twenty (120) day review. (12-1-03)T

07. Effectiveness Of Services. Effectiveness of services, as measured by a participant's achievement of his plan objectives, must be monitored by the provider and changes to the service plan must be initiated when service needs change or interventions are shown to be ineffective. These measures must be included on the participant's one hundred twenty (120) day review. (12-1-03)T

08. Healthy Connections Referral Number. Providers must obtain a Healthy Connections referral number if the participant is enrolled in the Healthy Connections program. (12-1-03)T

45~~2~~3. PSR SERVICE DESCRIPTIONS.
The goal of PSR services is to aid participants in work, school, family, community, or other issues related to their mental illness. It is also to aid them in obtaining developmentally appropriate skills for living independently and to prevent movement to a more restrictive living situation. All services provided must be clinically appropriate in content, service location and duration and based on measurable and behaviorally specific and achieveable objectives. PSR ~~*shall*~~ consists of the following services: ~~*(3-15-02)*~~(12-1-03)T

01. Comprehensive Assessment. A comprehensive assessment ~~*shall*~~ must be completed for each ~~*recipient*~~ participant determined eligible for PSR. The assessment ~~*shall*~~ must address the ~~*individual's*~~ participant's strengths and supports, deficits and needs, and ~~*shall*~~ must be directed toward formulation of a diagnosis and written service plan including the task plan. The ~~*recipient shall participate*~~ participant must take part in the assessment to the fullest extent possible. The assessment ~~*shall*~~ must be directly related to the ~~*individual's*~~ participant's mental illness and level of functioning. Information from any of the ~~*recipient's*~~ participant's service provider(s) ~~*shall*~~ must be collected. The assessment and supplemental psychiatric, psychological, or other specialty evaluations and tests must be written, dated, signed and be retained in the ~~*recipient's*~~ participant's file. The assessment is reimbursable if conducted by a qualified provider named in Section 45~~5~~6 of these rules. Each of the following areas must be assessed initially and at least annually thereafter: ~~*(3-15-02)*~~(12-1-03)T

a. Psychiatric history and current mental status including at a minimum, age at onset, childhood history of physical or sexual abuse, number of hospitalizations, precursors of hospitalizations, symptoms of decompensation the ~~*recipient*~~ participant manifests, the ~~*recipient's*~~ participant's ability to identify his symptoms, medication history, substance abuse history, history of mental illness in the family, current mental status, any other information that contributes to the assessment of ~~*to*~~ the ~~*recipient's*~~ participant's current psychiatric status. This section must contain the diagnosis documented by a licensed physician or other licensed practitioner of the healing arts within the scope of his practice under state law; ~~*(3-15-02)*~~(12-1-03)T

b. Medical history and current medical status which includes at a minimum, history of any major non-psychiatric illnesses, surgeries, hospitalizations, dates of last physical, dental, or eye examinations, pertinent family history of medical illness, current health problems/needs, current medications, name of current primary physician; (3-15-02)

c. Vocational/Educational status which includes at a minimum, current and past job status, level of satisfaction with the vocation, educational level, military status, strengths and barriers to employment. For children, this area addresses relevant school enrollment, performance, achievement levels and school-related social functioning; (3-15-02)

d. Financial status which includes at a minimum, adequacy and stability of the ~~*recipient's*~~ participant's financial status, financial difficulties of the ~~*recipient*~~ participant, resources available, and the ~~*recipient's*~~ participant's ability to manage personal finances; ~~*(3-15-02)*~~(12-1-03)T

e. Social relationships/support which includes, at a minimum, ~~*recipient's*~~ participant's ability to establish/maintain personal support systems or relationships and ~~*recipient's*~~ participant's ability to develop leisure, recreational, or social interests; ~~*(3-15-02)*~~(12-1-03)T

f. Family status which includes, at a minimum, the ~~*recipient's*~~ participant's ability or desire to carry out family roles, ~~*recipient's*~~ participant's perception of the support he receives from his family, and the role the family plays in the ~~*recipient's*~~ participant's mental illness. For children this area addresses the child's functioning within the family and the impact of the child's mental illness on family functioning; ~~*(3-15-02)*~~(12-1-03)T

g. Basic living skills which include at a minimum, ~~*recipient's*~~ participant's ability to meet age appropriate basic living skills including transition to adulthood; ~~*(3-15-02)*~~(12-1-03)T

h. Housing which includes at a minimum, current living situation and level of satisfaction with the arrangement, and appropriateness of current living situation with respect to ~~*recipient's*~~ the participant's needs, ~~*their*~~ his health and safety; ~~*and*~~ ~~*(3-15-02)*~~(12-1-03)T

i. Community/Legal status which includes at a minimum, legal history with law enforcement, transportation needs, supports the ~~*recipient*~~ participant has in the community, and daily living skills necessary for community living~~.~~; and ~~*(3-15-02)*~~(12-1-03)T

j. Health or medical issues, or both, including medical complications that result from the mental illness. (12-1-03)T

02. Written Service Plan. A written service plan ~~*shall*~~ must be developed and implemented for each ~~*recipient*~~ participant of PSR services as a ~~*vehicle*~~ means to address the rehabilitative service needs of the ~~*recipient*~~ participant. Services must support the goals of PSR which are maximum reduction of mental disability and achievement of the highest possible functioning level for that ~~*individual*~~ participant. For adults this means becoming independent or maintaining the highest level of independence. For children this means learning or maintaining developmentally appropriate role functioning. The service plan identifies the issue(s), goal(s), areas of need, the objectives and the total number of hours and types of services estimated to achieve all objectives based on the ability of the ~~*recipient*~~ participant to effectively utilize services. The service plan ~~*shall*~~ must be developed by the ~~*recipient*~~ participant, his family, other support systems and the Department or its designee. Service planning is reimbursable if conducted by a qualified provider, in accordance with S~~*ubse*~~ctions 45~~5~~6~~*.01 through 455.12 and 455.14*~~ of these rules.The service plan ~~*shall*~~ must be documented by the Department or its designee. ~~*(3-15-02)*~~(12-1-03)T

a. A service plan must include the following, at a minimum: (3-15-02)

i. An issue statement specifically describing the participant's behavior that directly relates to his mental illness and functional impairment. (12-1-03)T

ii. A statement which identifies the ~~*recipient's*~~ participant's goal relative to the goals of PSR as per Section 450 and Subsection 45~~2~~3.02 of these rules; ~~*(3-15-02)*~~(12-1-03)T

iiii. Overall goal(s) and concrete, measurable objectives to be achieved, including time frames for completion. At least one (1) objective is required for the focus areas which ~~will~~ must likely lead to the greatest stabilizing impact. At a minimum, this should include at least one (1) objective in each of the two (2) focus areas which qualify the ~~recipient~~ participant for PSR; ~~(3-15-02)~~(12-1-03)T

iv. Tasks that are specific, time-limited activities and interventions designed to accomplish the objectives in the service plan and are developed by the participant and the selected provider(s). (12-1-03)T

~~iii~~v. Documentation of who participated in the development of the service plan~~.~~. ~~t~~The ~~recipient~~ participant, if possible, must ~~be a participant~~ take part in the development of the service plan. The adult ~~recipient~~ participant or the adult ~~recipient's~~ participant's legal guardian must sign the service plan or documentation must be provided why this was not possible, including ~~recipient~~ participant refusal to sign. For a minor child ~~recipient~~ participant, the child's parent(s) or guardian(s) must sign the plan. A copy of the plan ~~shall~~ must be given to the adult ~~recipient~~ participant and ~~their~~ his guardian or to the parent(s) or guardian of the minor child; ~~(3-15-02)~~(12-1-03)T

b. A service plan ~~shall~~ must be developed within thirty (30) calendar days from initial face-to-face contact between the Department or its designee and the ~~consumer~~ participant or in the case of a minor child, the child's parents or guardians. ~~(3-15-02)~~(12-1-03)T

c. A service plan review by the Department or its designee and the ~~recipient shall~~ participant must occur at least annually. During the review, the Department or its designee and the ~~recipient~~ participant review any objectives which may be added to or deleted from the service plan. Input from other participants in the plan including provider(s) ~~will~~ must be considered. Who attends the review is a decision of the adult ~~consumer~~ participant and guardian or in the case of a child, his family or legal guardian(s), and the Department or its designee. ~~The Department or its designee's signature is necessary to approve any changes.~~ ~~(3-15-02)~~(12-1-03)T

d. Each service plan ~~shall~~ must be reviewed and signed by a physician at least annually. Once the date of a plan is established, that date ~~shall~~ continues to be the annual date of the plan. ~~Failure of~~ If the physician ~~to~~ does not sign a subsequent plan on or before the date of the plan, ~~will result in expiration of~~ the plan is expired and a new plan ~~will be required~~ must be developed. The date of the physician's signature on subsequent plans ~~shall~~ must not be after the established annual date. This in no way precludes the Department or its designee from reformulating a completely new plan annually. ~~(3-15-02)~~(12-1-03)T

e. ~~Each recipient must~~ The eligible participant will be allowed to choose ~~a~~ whether or not he desires to receive PSR services and who the provider(s) of services will be to assist ~~them~~ him in accomplishing the objectives stated in ~~their~~ his service plan. Documentation must be included in the participant's file showing that the participant has been informed of his rights to refuse services and choose providers. ~~(3-15-02)~~(12-1-03)T

~~**03. Task Plan**. The task plan is developed by the recipient and the selected provider(s). It identifies specific, time-limited activities designed to accomplish the objectives of the service plan. The task plan must be completed within fourteen (14) working days from completion of the service plan. The task plan must be completed by a qualified provider in accordance with Section 455 of these rules. Each task shall specify the place of service, the frequency of services, the type of service, and the person(s) responsible to assist the recipient in the completion of tasks.~~ ~~(3-15-02)~~

0~~4~~3. Pharmacological Management. Pharmacological management services ~~shall~~ must be provided in accordance with the service plan. Pharmacological management, alone, may be provided if the plan indicates that this service is necessary and sufficient to prevent relapse or hospitalization and that functional deficits are either manageable by the participant or absent but expected to return if pharmacological management is not provided. The telephoning of prescriptions to the pharmacy is not a billable service. Medication prescription must be done by a licensed physician or other practitioner of the healing arts within the scope of practice defined in their license in visual contact with the ~~recipient~~ participant. ~~(3-15-02)~~(12-1-03)T

0~~5~~4. Individual Psychosocial Rehabilitation. Individual ~~P~~psychosocial ~~R~~rehabilitation ~~shall~~ must be provided in accordance with the objectives specified in the service plan. ~~The service plan goal is to aid recipients in work, school, or with other issues related to their mental illness, by obtaining skills to live independently or by preventing movement to a more restrictive living situation.~~ Individual PSR is a service provided to an individual

participant on a one-to-one basis. Individual ~~psychosocial rehabilitation~~ PSR is reimbursable if provided by an agency with a current provider agreement and the agency's providers meet the qualifications, in accordance with Section 45~~5~~6 of these rules. Individual ~~Psychosocial Rehabilitation~~ PSR includes one (1) or more of the following:
~~(3-15-02)~~(12-1-03)T

a. Assistance in gaining and utilizing skills necessary to undertake school, employment, or independence. This includes helping the ~~recipient~~ participant learn personal hygiene and grooming, selecting and acquiring appropriate clothing, time management and other skills related to ~~recipient's~~ participant's psychosocial circumstances; ~~(3-15-02)~~(12-1-03)T

b. Ongoing on-site assessment, evaluation, and feedback sessions, including one hundred twenty (120) day reviews, to identify symptoms or behaviors related to the participant's mental illness and to develop interventions with the ~~recipient~~ participant and his employer or teacher; ~~(3-15-02)~~(12-1-03)T

c. Individual interventions in social skill training to improve communication skills and facilitate appropriate interpersonal behavior directly related to the ~~individuals~~ participant's mental illness; ~~(3-15-02)~~(12-1-03)T

d. Problem solving, support, and supervision related to activities of daily living to assist ~~recipients to~~ participants in gaining and utilizeing skills such as personal hygiene, household tasks, use of transportation ~~utilization~~, and money management; ~~(3-15-02)~~(12-1-03)T

e. ~~To a~~Assisting ~~recipient~~ the participant with receiving necessary services when ~~they have~~ he has difficulty or ~~are~~ is unable to obtain them. This assistance may be given by accompanying ~~them~~ him to Medicaid-reimbursable appointments. For reimbursement purposes, ~~T~~the PSR provider must be present during the appointment and deliver a PSR service during the appointment. Travel time and time waiting to meet with the Medicaid provider are not reimbursable. To be eligible for this service, the participant must have a functional impairment that affects his ability to communicate accurately due to a mental illness and be unable to report symptoms to a licensed practitioner, as identified in Subsection 456.01, or understand the practitioner's instructions. The impairment must be identified in the assessment. The service plan must identify how the impairment is to be resolved and include objectives toward independence in this area. For children, this service is not intended to replace the parent's responsibility in advocating for or attending appointments for their child; ~~(3-15-02)~~(12-1-03)T

f. Medication education may be provided by a licensed physician, licensed nurse, or a licensed practitioner of the healing arts within the scope of his practice under state law. This service focuses on educating the ~~recipient~~ participant about the role and effects of medications in treating symptoms of mental illness and symptom management. ~~(3-15-02)~~(12-1-03)T

g. Development of coping skills and symptom management to identify the symptoms of mental illness ~~which~~ that are barriers to successful community integration and crisis prevention. ~~(3-15-02)~~(12-1-03)T

h. May assist ~~recipient~~ participant with "self" administration of medications by verbal prompts according to the direction of the prescribing physician. Verbal prompts ~~will~~ must be delivered face-to-face and an assessment of the ~~consumer's~~ participant's functioning ~~will~~ must be completed and documented. In cases where verbal prompts by phone are justified, they must be specifically prior authorized. ~~(3-15-02)~~(12-1-03)T

0~~6~~5. Group Psychosocial Rehabilitation (PSR). Group ~~psychosocial rehabilitation shall~~ PSR must be provided in accordance with the objectives specified in the service plan. ~~This~~ Group PSR is a service provided to two (2) or more individuals, at least one (1) of whom is a ~~recipient~~ participant. ~~The service plan goal is to aid recipients in work, school or other problems related to their mental illness, in obtaining skills to live independently or in preventing movement to a more restrictive living situation.~~ Group ~~psychosocial rehabilitation~~ PSR is reimbursable if provided by an agency with a current provider agreement and the agency's provider meets the qualifications in accordance with Section 45~~5~~6 of these rules. This service includes one (1) or more of the following:
~~(3-15-02)~~(12-1-03)T

a. Medication education groups provided by a licensed physician, licensed nurse, or a licensed practitioner of the healing arts within the scope of his practice under state law. This service focuses on educating ~~recipients~~ participants about the role and effects of medications in treating symptoms of mental illness and symptom

management. These groups ~~*shall*~~ must not be used solely for the purpose of group prescription writing;
~~*(3-15-02)*~~(12-1-03)T

b. Employment or school-related groups to focus on symptom management on the job or in school, symptom reduction, and education about appropriate job or school-related behaviors; ~~*(3-15-02)*~~(12-1-03)T

c. Communication and interpersonal skills groups, the goals of which are to improve communication skills and facilitate appropriate interpersonal behavior~~. *The recipient must be present*~~; ~~*(3-15-02)*~~(12-1-03)T

d. Symptom management groups to identify mental illness symptoms which are barriers to successful community integration, crisis prevention, problem identification and resolution, coping skills, developing support systems and planning interventions with teachers, employers, family members and other support persons; and
(3-15-02)

e. Activities of daily living groups which help ~~*recipients*~~ participants learn skills related to personal hygiene, grooming, household tasks, use of transportation ~~*utilization*~~, socialization, and money management.
~~*(3-15-02)*~~(12-1-03)T

0~~7~~6. ~~*Community*~~ Crisis ~~*Support*~~ Intervention Service. ~~*Community c*~~Crisis support ~~*which*~~ that includes intervention for ~~*recipients*~~ a participant in crisis situations to ensure ~~*the*~~ his health and safety or to prevent his hospitalization or incarceration~~ *of a recipient*~~. ~~*Community c*~~Crisis ~~*support*~~ intervention service is reimbursable if provided by an agency with a current provider agreement and the agency's providers meet the qualifications of Section 455~~5~~6 of these rules~~ *and according to limitations contained in Subsection 458.03. of these rules*~~. ~~*(3-15-02)*~~

~~***a.***~~ A crisis may be precipitated by loss of housing, employment or reduction of income, risk of incarceration, risk of physical harm, family altercation or other emergencies. PSR providers may provide direct services within the scope of these rules or link the participant to community resources to resolve the crisis or both.
~~*(7-1-94)*~~

~~***b.***~~ ~~*Community c*~~Crisis support may be provided prior to or after the completion of the assessment and service plan. Service is reimbursable if there is documentation that supports the need for the service and the service~~s are~~ is either authorized the next business day following the beginning of the crisis or prior authorized in anticipation of the need for crisis support. Crisis hours are authorized on a per incident basis. ~~*(3-15-02)*~~(12-1-03)T

a. Crisis Support in a Community. Limitations to reimbursement in this place of service are described in Subsection 459.03 of these rules. (12-1-03)T

~~***08***~~**b. ~~*Crisis Intervention (ER)*~~** Crisis Support in an Emergency Department. (12-1-03)T

i. A service provided in a hospital emergency ~~*room*~~ department as an adjunct to the medical evaluation completed by the emergency ~~*room*~~ department physician. This evaluation may include a psychiatric assessment. (12-1-03)T

ii. The goal of this service is to assist in the identification of the least restrictive setting appropriate to the needs of the ~~*recipient*~~ participant. ~~*This service must be reported to, reviewed and authorized, when appropriate, by the Department or its designee on the next working day. Crisis Intervention (ER) is reimbursable if provided by an agency with a current provider agreement and the agency's providers meet the qualifications of Section 4545 of these rules.*~~ ~~*(3-15-02)*~~(12-1-03)T

0~~9~~7. Collateral Contact. Contacts made with significant individuals in the ~~*recipient's*~~ participant's environment for the purpose of assisting the ~~*recipient*~~ participant to live in the community. Collaterals may include a parent, guardian, relatives, family members, landlords, employers, teachers, providers or other individuals with a primary relationship to the ~~*recipient*~~ participant. The purpose of collateral contacts is to gather and exchange information with individuals specifically identified in the service or task plan. Collateral contacts must be prior authorized. Collateral Contact is reimbursable if provided by an agency with a current provider agreement and the agency's providers meet the qualifications of S~~*ubs*~~ection ~~*453.06 and*~~ 456 of these rules. Subsection 454.06 of these rules describes limitations on reimbursement for collateral contacts between providers. The types of collateral contact

are as follows: ~~(3-15-02)~~(12-1-03)T

a. Collateral contact face-to-face. When two persons meet visually at the same time; (3-15-02)

b. Collateral contact telephone. When it is the most expeditious and effective way to exchange information; and (3-15-02)

c. Collateral contact parent group. When two (2) or more parents of children, under the age of eighteen (18), with similar serious emotional disturbances meet to share information and learn about their children's needs. (3-15-02)

~~1~~**08.** **Nursing Service**. A service performed by licensed and qualified nursing personnel within the limits of the Nurse Practice Act, Section 54-1402(d), Idaho Code. This may include supervision, monitoring, and administration of medications. (3-15-02)

~~11~~**09.** **Psychotherapy**. Individual, group and family psychotherapy must be prior authorized and provided in accordance with the objectives specified in the written service plan. Qualified providers ~~for~~ and qualified supervisors of psychotherapy are identified in ~~Clinic Services-Mental Health Clinics~~, Subsection 469.06 of these rules. Family psychotherapy must include the ~~recipient~~ participant and at least one (1) family member at any given time and must be delivered in accordance with objectives as specified in the written service plan. An agency ~~shall~~ must assure clinical supervision is available to all staff ~~who~~ that provide psychotherapy. The amount of supervision should be adequate to insure that the service plan objectives are achieved. ~~Clinical supervision of psychotherapy must be provided by individuals whose training, experience, and license qualify them to provide clinical supervision of psychotherapy. Supervision may be provided by individuals in Subsections 455.01 through 455.06 of these rules.~~ Documentation of supervision must be maintained by the agency and be available for review by the Department or its designee. ~~(3-15-02)~~(12-1-03)T

1~~2~~**0.** **Occupational Therapy**. Occupational therapy services must be prior authorized by the Department or its designee, based on the results of an occupational therapy evaluation completed by a licensed Occupational Therapist in accordance with Subsections ~~455.14~~ 456.02 and 45~~7~~8.08 of these rules. ~~(3-15-02)~~(12-1-03)T

45~~3~~4. EXCLUDED SERVICES NOT REIMBURSABLE UNDER MEDICAID PSR.
Excluded services are those services ~~which~~ that are not reimbursable under Medicaid PSR. The following is a list of those services: ~~(3-15-02)~~(12-1-03)T

01. **Inpatient**. Treatment services rendered to ~~recipients~~ participants residing in inpatient medical facilities including nursing homes, or hospitals, ~~or correctional facilities including jail and detention~~ except those identified in Subsection 458.09 of these rules; ~~(3-15-02)~~(12-1-03)T

02. **Recreational And Social Activities**. Activities which are primarily social or recreational in purpose; (3-15-02)

03. **Employment**. Job-specific interventions, job training and job placement services which includes helping the ~~recipient~~ participant develop a resume, applying for a job, and job training or coaching; ~~(3-15-02)~~(12-1-03)T

04. **Household Tasks**. Staff performance of household tasks and chores; (3-15-02)

05. **Treatment Of Other Individuals**. Treatment services for persons other than the identified ~~recipient~~ participant; ~~(3-15-02)~~(12-1-03)T

06. **Client Staffing Within An Agency**. A client staffing between two (2) staff who both provide PSR services within the same agency is not reimburse~~a~~able. A client staffing may fall under the definition of collateral contact when it is prior authorized and occurs between two (2) staff who are providing services from different Medicaid programs either within or outside the same agency. ~~(3-15-02)~~(12-1-03)T

07. **Medication Drops**. Delivery of medication only; (3-15-02)

08. **Services Delivered On An Expired Service Plan**. Services provided between the expiration date of one (1) plan and the start date of the subsequent plan; and (3-15-02)

09. **Transportation**. The provision of transportation services and staff time to transport. (12-1-03)T

0910. **Services Not Listed**. Any other services not listed in Section 45*2*3 of these rules.
(3-15-02)(12-1-03)T

45*4*5. PSR PROVIDER AGENCY REQUIREMENTS.
Each agency who enters a provider agreement with the Division of Medicaid for the provision of PSR services *shall* must meet the following requirements: *(3-15-02)*(12-1-03)T

01. **Agency**. A proprietorship, partnership, corporation, or other entity, employing at least two (2) providers and offering both PSR services and administrative services. Administrative services may include such activities as billing, hiring staff, assuring staff qualifications are met and maintained, setting policy and procedure, payroll. (3-15-02)

02. **Staff Qualifications**. An agency *shall* must assure that all agency staff meet the qualification in Section 45*5*6 of these rules. The agency must verify that all employees, subcontractors, or agents coming into direct contact with participants have passed a Department criminal history check in accordance with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks". The agency must report criminal convictions of employees, subcontractors, or agents to the Department or its designee. *(3-15-02)*(12-1-03)T

03. **Supplemental Services Agreement**. An agency must have negotiated a Supplement Services Agreement (SSA) with the Department or its designee. The SSA *shall* must specify what PSR services *shall* must be provided by the agency. An agency's Supplemental Services Agreement *shall* must be reviewed at least annually and may be revised or cancelled at any time. *(3-15-02)*(12-1-03)T

04. **Agency Employees And Subcontractors**. Employees and subcontractors of an agency *shall be* are subject to the same conditions, restrictions, qualifications and rules as the agency. *(3-15-02)*(12-1-03)T

05. **Supervision**. An agency *shall* must provide staff with adequate supervision to insure that the tasks on a *recipient's task* participant's service plan can be implemented effectively in order for the service plan objectives to be achieved. Case specific supervisory contact *shall* must be made weekly, at a minimum, with staff for whom supervision is a requirement. Individuals in Subsections *455.11* 456.09 through *455.14* 456.12 of these rules*,* must be supervised by individuals in Subsections 45*5*6.01 through *455.10* 456.08. Documentation of supervision must be maintained by the agency and be available for review by the Department or its designee. *(3-15-02)*(12-1-03)T

06. **Continuing Education**. The agency *shall* must assure that all staff complete twenty (20) hours of continuing education annually from the date of hire. Four (4) hours every four (4) years must be in ethics training. Staff who are not licensed *shall* must select the discipline closest to their own and use the continuing education standards attached to that professional license. Nothing in these rules will affect professional licensing continuing education standards and requirements set by the Bureau of Occupational Licenses. *(3-15-02)*(12-1-03)T

07. **Crisis Service Availability**. PSR agencies must provide twenty-four (24) hour crisis response services for their participants or make contractual arrangement for the provision of those services. (12-1-03)T

45*5*6. PSR PROVIDER QUALIFICATIONS.
All individuals providing PSR services must meet at least one (1) of the following qualifications:
(3-15-02)(12-1-03)T

01. **Licensed Physician Or Psychiatrist**. A physician, psychiatrist, or other licensed practitioners of the healing arts within the scope of his practice under state law *shall* must be licensed in accordance with Title 54, Chapter 18, Idaho Code, to practice medicine. A licensed practitioner of the healing arts in Idaho may include Physician Assistants and Nurse Practitioners; *(3-15-02)*(12-1-03)T

02. **Licensed Master's Level Psychiatric Nurse**. A certified psychiatric nurse, Clinical Nurse Specialist or Psychiatric Nurse Practitioner, ~~*shall*~~ must be licensed in accordance with Title 54, Chapter 14, Idaho Code, or certified by a recognized national certification organization, and have a minimum of a master's degree; ~~*(3-15-02)*~~(12-1-03)T

03. **Licensed Psychologist**. A psychologist ~~*shall*~~ must be licensed in accordance with Title 54, Chapter 23, Idaho Code; ~~*(3-30-01)*~~(12-1-03)T

04. **Licensed Clinical Professional Counselor Or Licensed Professional Counselor**. A clinical professional counselor ~~*shall*~~ or professional counselor must be licensed in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; ~~*(3-15-02)*~~(12-1-03)T

05. **Licensed Marriage And Family Therapist**. A marriage and family therapist ~~*shall*~~ must be licensed in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; ~~*(3-15-02)*~~(12-1-03)T

06. **Licensed Masters Social Worker~~,~~ Or Licensed Clinical Social Worker**. A masters social worker (LMSW) or clinical social worker (LCSW), ~~*shall*~~ must hold a license in accordance with Title 54, Chapter 32, Idaho Code and IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners"; ~~*(5-3-03)*~~(12-1-03)T

~~***07. Psychologist Extender.*** *A psychologist extender shall work under the supervision of a licensed psychologist and be registered with the Bureau of Occupational Licenses. A copy of that registration shall be retained in the extender's personnel file;* *(3-15-02)*~~

~~***08. Professional Counselor.*** *A professional counselor shall be licensed in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists";* *(3-15-02)*~~

0~~9~~7. **Clinician**. A clinician ~~*shall*~~ must hold a master's degree, be employed by a state agency and meet the minimum standards established by the Idaho State Division of Human Resources and the Idaho Department of Health and Welfare Division of Human Resources; ~~*(3-15-02)*~~(12-1-03)T

~~1~~08. **Licensed Pastoral Counselor**. A pastoral counselor ~~*shall*~~ must be licensed in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists". Training and experience in a mental health setting are required~~.~~; ~~*(3-15-02)*~~(12-1-03)T

~~1~~09. **Licensed Social Worker**. A social worker ~~*shall*~~ must hold a license in accordance with Title 54, Chapter 32, Idaho Code and IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners"; ~~*(3-30-01)*~~(12-1-03)T

1~~2~~0. ~~***Registered***~~ **Licensed Professional Nurse (RN)**. A ~~*registered*~~ licensed professional nurse~~,~~ or R~~.~~N~~.~~, ~~*shall*~~ must be licensed in accordance with Title 54, Chapter 14, Idaho Code~~.~~; ~~*An R..N. shall have a minimum of a bachelor's degree in nursing to be reimbursed for service planning.* *(3-15-02)*~~(12-1-03)T

1~~3~~1. **Psychosocial Rehabilitation (PSR) Specialist**. A ~~*psychosocial rehabilitation*~~ PSR specialist ~~*shall*~~ must hold at least a bachelor's degree from a nationally accredited university or college in ~~*a*~~ behavioral science education, or medicine. A PSR specialist must have at least twenty-one (21) semester credit hours (or quarter hour equivalent) in human service fields such as psychology, social work, special education, counseling, and psychosocial rehabilitation. An individual who has been denied licensure, or who is qualified to apply for licensure to the State of Idaho, Bureau of Occupational Licenses in the professions identified in Subsections 456.01 through 456.10 of this rule, is not eligible to provide services under the designation of Psychosocial Rehabilitation Specialist. Individuals approved as PSR specialists under previous rules in this section will be able to continue as qualified PSR specialists as long as they continue to work in the same agency as they did prior to the effective date of this rule~~.~~; or ~~*(3-15-02)*~~(12-1-03)T

142. Licensed Occupational Therapist. An occupational therapist ~~*shall*~~ must be licensed in accordance with Title 54, Chapter 37, Idaho Code, and IDAPA 22.01.09, "Rules for the Licensing of Occupational Therapists and Occupational Therapist Assistants". Training and experience in a mental health setting are required. ~~*(3-15-02)*~~(12-1-03)T

13. Psychologist Extender. A psychologist extender must work under the supervision of a licensed psychologist and be registered with the Bureau of Occupational Licenses. A copy of that registration must be retained in the extender's personnel file. (12-1-03)T

4567. RECORD REQUIREMENTS FOR PSR PROVIDERS.
In addition to the development and maintenance of the ~~*task*~~ service plan, the following documentation must be maintained by the provider of PSR services: ~~*(3-15-02)*~~(12-1-03)T

01. Name. Name of ~~*recipient*~~ participant; ~~*(3-15-02)*~~(12-1-03)T

02. Provider. Name of the provider agency and person providing the service; (3-15-02)

03. Date, Time, Duration Of Service, And Justification. Date, time, and duration of services. Documentation must justify the length of time which is billed; (3-15-02)

04. Documentation Of Progress. The written description of the service provided, the place of service, and the response of the ~~*recipient shall*~~ participant must be included in the progress note. A separate progress note is required for each contact with a ~~*recipient*~~ participant; ~~*(3-15-02)*~~(12-1-03)T

05. ~~*Review Of Progress*~~ One Hundred Twenty Day Review. A ~~D~~documented review of progress toward each service plan goal and objective must be kept in the participant's file and a copy sent to the Department or its designee within five (5) working days of the due date. Failure to do so may result in the loss of a prior authorization or result in a recoupment of reimbursement provided for services delivered after the one hundred twenty (120) day review due date. The review must also include a reassessment of ~~*recipient's*~~ the participant's continued need for services. The review must occur at least every one hundred twenty (120) days~~. *The one hundred twenty (120) day review shall*~~ and be conducted in visual contact with the ~~*recipient*~~ participant. For children, the review must include a new CAFAS for the purpose of measuring functional impairment. After eligibility has been determined, subsequent CAFAS scores are used to measure progress and functional impairment and should not be used to terminate services; ~~*(3-15-02)*~~(12-1-03)T

06. Service Provider's Signature. The legible, dated signature, with degree credentials listed of the staff member performing the service; and (3-15-02)

07. Choice Of Provider. Documentation of the participant's choice of provider must be maintained in the participant's file prior to the implementation of the service plan. (12-1-03)T

08. Closure Of Services. A discharge summary must be included in the participant's record and submitted to the Department or its designee identifying the date of closure, reason for ending services, progress on objectives, and referrals to supports and other services. (12-1-03)T

09. Payment Limitations. Reimbursement is not allowed for missed appointments, attempted contacts, travel to provide the service, leaving messages, scheduling appointments with the Medicaid service coordinator, transporting participants, or documenting services. For services paid at the fifteen (15) minute incremental rate, providers will not be reimbursed for more than one (1) contact during a single fifteen (15) minute time period. (12-1-03)T

4578. PAYMENT FOR PSR SERVICES.
Payment for PSR services must be in accordance with rates established by the Department. The rate paid for services includes documentation. ~~*(3-30-01)*~~(12-1-03)T

01. Duplication. Payment for services ~~*shall*~~ must not duplicate payment made to public or private entities under other program authorities for the same purpose. ~~*(3-30-01)*~~(12-1-03)T

02. Number Of Staff Able To Bill. Only one (1) staff member may bill for an assessment, service plan, or case review when multiple PSR staff are present. (3-15-02)

03. Medication Prescription And Administration. Medication prescription and administration may be billed only by physicians and other medical staff qualified under Title 54, Chapter 18 Idaho Code. (3-15-02)

04. Recoupment. Billing for services and receiving reimbursement for services that were not rendered or failure to comply with these rules ~~*shall*~~ must be cause for recoupment of payments for services, sanctions, or both. ~~*(3-30-01)*~~(12-1-03)T

05. Access To Information. Upon request, the provider ~~*shall*~~ must provide the Department with access to all information required to review compliance with these rules. Failure by the provider to comply with such a request ~~*shall*~~ must result in termination of the Medicaid PSR Provider Agreement. ~~*(3-15-02)*~~(12-1-03)T

06. Evaluations And Tests. Evaluations and tests may be provided as a reimbursable service in conjunction with the assessment. (3-15-02)

0~~6~~7. Psychological Evaluations. Psychological evaluations are reimbursable if provided by a licensed psychologist, or by qualified clinician or psycholog~~y~~ist extender in accordance with Section 45~~5~~6 of these rules and under the direction of a licensed psychologist. ~~*(3-15-02)*~~(12-1-03)T

08. Evaluations By Occupational Therapists. Evaluations performed by qualified licensed occupational therapists, performed in conjunction with development of a service plan are reimbursable. (3-15-02)

09. Psychiatric Or Medical Inpatient Stays. Services may be provided during the last thirty (30) days of inpatient stay or if the inpatient stay is not expected to last longer than thirty (30) days, when not duplicating those included in the responsibilities of the inpatient facility. Treatment services are the responsibility of the facility. ~~*(3-15-02)*~~(12-1-03)T

45~~8~~9. PSR SERVICE LIMITATIONS.
The following service limitations ~~*shall*~~ apply to PSR services, unless otherwise authorized by the Department or its designee in each region. ~~*(3-15-02)*~~(12-1-03)T

01. ~~*Evaluation Or Diagnosis*~~ Assessment And Service Plan Development. Any combination of ~~*any*~~ evaluations or diagnostic services ~~*are*~~ is limited to a maximum of six (6) hours annually. Additional hours may be approved by the Department or its designee under the following situations: ~~*(3-30-01)*~~(12-1-03)T

a. When the participant selects more than one (1) provider. (12-1-03)T

b. When service plan development is being done by an agency that did not do the assessment. (12-1-03)T

02. Psychotherapy. Individual, family and group psychotherapy services are limited to a maximum of twenty-four (24) hours annually. (3-30-01)

03. ~~*Community*~~ Crisis ~~*Support*~~ Intervention Service. A maximum of twenty (20) hours of ~~*community*~~ crisis support in a community may be reimbursed per crisis during any consecutive five (5) day period. Authorization must follow procedure described above at Subsection ~~*452.07*~~ 453.06 of these rules. ~~*(3-15-02)*~~(12-1-03)T

04. Psychosocial Rehabilitation. Individual and group ~~*psychosocial rehabilitation*~~ PSR services are not to exceed twenty (20) hours per week and must receive prior authorization from the Department or its designee. Services in excess of twenty (20) hours require additional review and prior authorization by the Department or its designee in each region. The prior authorization of additional hours must be documented in the service plan and written approval must be retained in the ~~*recipient's*~~ participant's file. ~~*(3-15-02)*~~(12-1-03)T

~~***459. (RESERVED).***~~

(BREAK IN CONTINUITY OF SECTIONS)

461. -- 46~~4~~3. (RESERVED).

46~~5~~4. CLINIC SERVICES -- MENTAL HEALTH CLINICS (MHC).
~~*Pursuant to*~~ Under 42 CFR 440.90, the Department will pay for preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services provided by a mental health clinic to a ~~*recipient*~~ participant who is not an inpatient in a hospital or nursing home or correctional facility except as specified under Subsection 469.05.a. ~~*The mental health clinic must be approved by the Department and be under the direction of a licensed physician. (3-30-01)*~~(12-1-03)T

465. MENTAL HEALTH CLINIC PROVIDER AGENCY REQUIREMENTS.

01. Mental Health Clinic. A mental health clinic, also referred to as agency, must be a proprietorship, partnership, corporation, or other entity, in a distinct location, employing at least two (2) providers and operating under the direction of a physician. The Department must approve the enrollment of the agency as a Medicaid provider. (12-1-03)T

02. Physician Requirement. Each participant's care must be under the supervision of a physician directly affiliated with the clinic. In order to fulfill the requirement for the clinic being under the direction of a physician, the physician must see the program participant at least once, prescribe the type of care provided, and, if the services are not limited by the prescription, periodically review the need for continued care. (12-1-03)T

03. Staff Qualifications. A mental health clinic must assure that all agency staff delivering clinical services meet the qualifications as listed in Subsection 466.03 of these rules. The clinic must verify that all employees, subcontractors, or agents coming into direct contact with participants have complied with IDAPA 16.05.06 "Rules Governing Mandatory Criminal History Checks". The clinic must report criminal convictions of employees, subcontractors, or agents to the Department or its designee. (12-1-03)T

04. Paraprofessionals. For the purposes of this rule, a paraprofessional is any person who does not meet the qualifications of professionals as listed in Subsection 466.03 of these rules. A Mental Health Clinic provider may elect to employ paraprofessionals to provide support services to participants. Such support services may include providing transportation, cooking and serving meals, cleaning and maintaining the physical plant, or providing general, non-professional supervision. Paraprofessionals must not be employed in any capacity to deliver or assist in the delivery of partial care services or any other services in the clinic that are reimbursable by Medicaid. (12-1-03)T

05. Agency Employees And Subcontractors. Employees and subcontractors of an agency are subject to the same conditions, restrictions, qualifications and rules as the agency. (12-1-03)T

06. Supervision. An agency must ensure that staff providing clinical services are supervised according to the following guidelines: (12-1-03)T

a. Standards and requirements for supervision set by the Bureau of Occupational Licenses are met; (12-1-03)T

b. Case-specific supervisory contact must be made weekly, at a minimum, with staff for whom supervision is a requirement; and (12-1-03)T

c. Documentation of supervision must be maintained by the agency and be available for review by the Department or its designee. (12-1-03)T

07. Continuing Education. The agency must ensure that all staff complete twenty (20) hours of continuing education annually in the field in which they are licensed. Documentation of the continuing education hours must be maintained by the agency and be available for review by the Department or its designee. Nothing in

these rules will affect professional licensing continuing education standards and requirements set by the Bureau of Occupational Licenses. (12-1-03)T

466. CARE AND SERVICES PROVIDED IN MENTAL HEALTH CLINICS.

01. Treatment Plan ~~Of Care~~. Services in mental health clinics must be provided specifically in conjunction with a medically ordered plan of care, referred to as the treatment plan, signed by a physician ~~when~~ and delivered by licensed, qualified professionals employed full or part-time within a clinic. All treatment plans must: ~~(3-30-01)~~(12-1-03)T

a. Be dated and fully signed with title identification by both the prime therapist(s) and licensed physician; (12-1-03)T

b. Contain the diagnosis documented by an examination and by a licensed physician or other licensed practitioner of the healing arts within the scope of his practice under state law; including signature, problem list, type, frequency, and duration of treatment; (12-1-03)T

c. Be reviewed and authorized and signed within thirty (30) days of implementation; and (12-1-03)T

d. Be reviewed within one hundred twenty (120) days and every one hundred twenty (120) days thereafter; (12-1-03)T

e. Be completely rewritten and authorized annually. Authorization for services after the first year must be based on documentation that the participant has specifically benefited from services but continues to need additional services. The participant's progress toward the service no longer being necessary must also be documented. (12-1-03)T

02. Assessment. All treatment in mental health clinics must be based on an individualized assessment of the patient's needs, including a current mental status examination, and provided under the direction of a licensed physician. ~~(3-30-01)~~(12-1-03)T

~~***03. Care Plans**. All medical care plans must:* *(3-30-01)*~~

~~***a.** Be dated and fully signed with title identification by both the prime therapist(s) and licensed physician; and* *(11-10-81)*~~

~~***b.** Contain the diagnosis documented by an examination and by a licensed physician or other licensed practitioner of the healing arts within the scope of his practice under state law; including signature, problem list, type, frequency, and duration of treatment; and* *(3-30-01)*~~

~~***c.** Be reviewed and authorized and signed within thirty (30) days of implementation; and* *(11-10-81)*~~

~~***d.** Be reviewed within one hundred twenty (120) days and every one hundred twenty (120) days thereafter; and* *(11-10-81)*~~

~~***e.** Be completely rewritten and authorized annually.* *(11-10-81)*~~

0~~4~~3. Provider Qualifications. Licensed, qualified professionals providing mental health clinic services to eligible MA ~~recipients~~ participants must have, at a minimum, one (1) or more of the following qualifications: ~~(3-30-01)~~(12-1-03)T

a. Licensed Psychiatrist~~, M.D.~~; or ~~(11-10-81)~~(12-1-03)T

b. Licensed Physician~~, M.D.~~; or ~~(11-10-81)~~(12-1-03)T

c. Licensed Psychologist; or (7-1-99)

d. Psychologist extender, registered with the Bureau of Occupational Licenses; or (7-1-99)

e. Licensed Masters Social Workers~~, or~~ Licensed Clinical Social Workers, or Licensed Social Worker; or ~~(5-3-03)~~(12-1-03)T

f. Licensed Clinical Professional Counselor or Licensed Professional Counselor; or ~~(5-3-03)~~(12-1-03)T

g. Licensed Marriage and Family Therapist; or (3-15-02)

h. Certified Psychiatric Nurse, R.N., as described in Subsection 45~~4~~6.02 of these rules; or ~~(3-15-02)~~(12-1-03)T

~~**i.** Licensed Social Workers; or (4-5-00)~~

~~**j**~~**i.** Licensed Registered Nurse, R.N.; or (4-5-00)

~~**k**~~**j.** Registered Occupational Therapist, O.T.R. (7-1-99)

467. CARE AND SERVICES IN MENTAL HEALTH CLINICS NOT ~~COVERED~~ REIMBURSED.

01. Inpatient Medical Facilities. The MA Program will not pay for mental health clinic services rendered to MA recipients residing in in~~-~~patient medical facilities including, but not limited to, nursing homes, hospitals, or correctional facilities; or ~~(3-30-01)~~(12-1-03)T

02. Scope. Any service or supplies not included as part of the allowable scope of the MA Program; or (3-30-01)

03. Non-Qualified Persons. Services provided within the mental health clinic framework by persons other than those qualified to render services as specified in Subsection 46~~5~~6.03 of these rules. ~~(3-30-01)~~(12-1-03)T

468. EVALUATION AND DIAGNOSTIC SERVICES IN MENTAL HEALTH CLINICS.

01. Medical Psychosocial Histories. Medical psychosocial intake histories must be contained in all case files. (3-30-01)

02. Diagnosis And Treatment Plan. Information gathered will be used for establishing a ~~recipient~~ participant data base used in part to formulate the diagnosis and treatment plan. ~~(3-30-01)~~(12-1-03)T

03. Qualified Therapist. The medical psychosocial intake and plan development is reimbursable if conducted by a primary therapist who, at a minimum, has one (1) or more of the following qualifications: (3-30-01)

a. Licensed Psychologist; or (7-1-99)

b. Psychologist extender, registered with the Bureau of Occupational Licenses; or (7-1-99)

c. Licensed Masters Social Worker, or Licensed Clinical Social Worker, or Licensed Social Worker; or ~~(5-3-03)~~(12-1-03)T

d. Certified Psychiatric Nurse, R.N.; or (7-1-99)

e. Licensed Clinical Professional Counselor or Licensed Professional Counselor; or ~~(5-3-03)~~(12-1-03)T

f. Licensed Physician~~, M.D.,~~ or Licensed Psychiatrist~~, M.D.~~; or ~~(7-1-99)~~(12-1-03)T

~~**g.** Licensed Social Worker (not to include plan development, unless employed by the clinic prior to~~

~~February 27, 1998); or~~ ~~(3-30-01)~~

~~h~~g. Licensed Marriage and Family Therapist; or (3-15-02)

~~i~~h. ~~Registered Nurse (not to include plan development, unless employed by the clinic prior to February 27, 1998)~~ Licensed Professional Nurse (RN). ~~(3-30-01)~~(12-1-03)T

04. Intake Assessment. If an individual who is not eligible for MA receives intake services from any staff not having the required degree(s) as provided in Subsection 468.03 of these rules, and later becomes eligible for MA, a new intake assessment and treatment plan will be required which must be developed by a qualified staff person and authorized prior to any reimbursement. (3-15-02)

05. Non-Qualified Providers. Any provider of evaluation, diagnostic service, or treatment designed by any person other than a person designated as qualified by these rules, is not eligible for reimbursement under the MA Program. (3-30-01)

06. ~~Psychiatric Or~~ Psychological Testing. ~~Psychiatric or p~~Psychological testing may be provided in conjunction with the medical psychosocial intake history as a reimbursable service when provided by those persons with qualifications listed in Subsections 469.06.a. through 469.06.~~d~~c. and 469.06.j. ~~(3-30-01)~~(12-1-03)T

07. Psychiatric Evaluation. Psychiatric evaluation may be provided in conjunction with the medical psychosocial intake history as a reimbursable service when provided by those persons with qualifications listed in Subsections 469.06.a. and 469.06.b. (12-1-03)T

0~~7~~8. Evaluations Performed By Occupational Therapists. Evaluations performed by qualified registered occupational therapists, O.T.R., performed in conjunction with the development of a ~~medical care~~ treatment plan are reimbursable. ~~(3-30-01)~~(12-1-03)T

0~~8~~9. Documentation. All intake histories, psychiatric evaluations, psychological testing, or specialty evaluations must be in written form, dated, and fully signed to certify when completed and by whom, and retained in the ~~recipient's~~ participant's file for documentation purposes. ~~(3-30-01)~~(12-1-03)T

~~09~~**10. Data**. All data gathered must be directed towards formulation of a written diagnosis, problem list, and treatment plan which specifies the type, frequency, and anticipated duration of treatment. (3-30-01)

1~~0~~1. Limitations. A total of twelve (12) hours is the maximum time allowed for a combination of any evaluative or diagnostic services and ~~care~~ treatment plan development provided to an eligible ~~recipient~~ participant in a calendar year. ~~(3-30-01)~~(12-1-03)T

469. TREATMENT SERVICES IN MENTAL HEALTH CLINICS.

01. Psychotherapy. Individual and group psychotherapy must be provided in accordance with the goals specified in the ~~written medical~~ treatment plan. ~~(3-30-01)~~(12-1-03)T

02. Family Centered Services. Family-centered psychosocial services must include at least two (2) family members and must be delivered in accordance with the goals of treatment as specified in the ~~medical~~ treatment plan. ~~(3-30-01)~~(12-1-03)T

03. Emergency Services. Individual emergency psychotherapy services can be provided by qualified clinic staff at any time. (3-30-01)

a. Emergency services provided to an eligible ~~recipient~~ participant prior to intake and evaluation is a reimbursable service but must be fully documented in the ~~recipient's~~ participant's record; and ~~(11-10-81)~~(12-1-03)T

b. Each emergency service will be counted as a unit of service and part of the allowable limit per ~~recipient~~ participant unless the contact results in hospitalization. ~~(11-10-81)~~(12-1-03)T

04. Collateral/Contact Consultation. Collateral contact may be provided if face to face, and included on ~~care~~ the treatment plan and is necessary to gather information from an individual having a primary relationship to the ~~client~~ participant. ~~(3-30-01)~~(12-1-03)T

05. Nursing Facility. Psychotherapy services may be provided to ~~recipients~~ participants residing in a nursing facility if the following criteria are met: ~~(3-30-01)~~(12-1-03)T

a. The ~~recipient~~ participant has been identified through the PASARR Level II screening process as requiring psychotherapy as a specialized service; and ~~(11-29-91)~~(12-1-03)T

b. The service is provided outside the nursing facility at a clinic location; and (3-30-01)

c. Services provided are: (11-29-91)

i. Supported by the independent evaluations completed and approved by the ~~Mental Health Authority~~ Department or its designee; and ~~(11-29-91)~~(12-1-03)T

ii. Incorporated into the ~~recipient's~~ participant's medical care plan; and ~~(11-29-91)~~(12-1-03)T

iii. Directed toward the achievement of specific measurable objectives which include target dates for completion. (11-29-91)

06. Provider Qualifications. Licensed, qualified professionals providing psychotherapy services as set forth in Subsections 469.01 through 469.0~~4~~3 of these rules must have, at a minimum, one (1) or more of the following degrees: ~~(3-15-02)~~(12-1-03)T

a. Licensed Psychiatrist~~, M.D.~~; or ~~(11-10-81)~~(12-1-03)T

b. Licensed Physician~~, M.D.~~; or ~~(11-10-81)~~(12-1-03)T

c. Licensed Psychologist; or (7-1-99)

d. ~~Psychologist extender, registered with the Bureau of Occupational Licenses~~ Licensed Clinical Social Worker; or ~~(7-1-99)~~(12-1-03)T

e. ~~Licensed Masters Social Worker or~~ Licensed Clinical ~~Social Worker~~ Professional Counselor; or ~~(5-3-03)~~(12-1-03)T

f. Licensed ~~Clinical Professional Counselor~~ Marriage and Family Therapist; or ~~(5-3-03)~~(12-1-03)T

g. ~~Licensed Marriage and Family Therapist~~ Certified Psychiatric Nurse (RN), as described in Subsection 455.02 of these rules; or ~~(3-15-02)~~(12-1-03)T

h. ~~A licensed social worker who was employed by the clinic prior to February 27, 1998~~ Licensed Professional Counselor whose provision of psychotherapy is supervised by persons qualified under Subsections 469.06.a. through 469.06.g. of this rule; or ~~(7-1-99)~~(12-1-03)T

i. ~~Certified Psychiatric Nurse, R.N. as described in Subsection 454.02 of these rules~~ Licensed Masters Social Worker whose provision of psychotherapy is supervised as described in IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners"; or ~~(3-15-02)~~(12-1-03)T

j. A Registered Nurse, R.N., who was employed by the clinic prior to February 27, 1998 Psychologist Extender, registered with the Bureau of Occupational Licenses. ~~(7-1-99)~~(12-1-03)T

07. Psychotherapy Limitations. Psychotherapy services as set forth in Subsections 469.01 through 469.03 of these rules are limited to forty-five (45) hours per calendar year. (3-15-02)

08. Chemotherapy. Chemotherapy consultations must be provided by a physician or other practitioner of the healing arts within the scope of practice defined in their license in direct contact with the ~~*recipient*~~ participant. ~~*(3-15-02)*~~(12-1-03)T

a. Consultation must be for the purpose of prescribing, monitoring, and/or administering medication as part of the treatment plan; and (11-10-81)

b. Chemotherapy treatment can be part of the ~~*medical care*~~ treatment plan and frequency and duration of the treatment must be specified. ~~*(11-10-81)*~~(12-1-03)T

09. Nursing Services. Nursing services, when physician ordered and supervised, can be part of the ~~*recipient's medical care*~~ participant's treatment plan. ~~*(3-30-01)*~~(12-1-03)T

a. Licensed and qualified nursing personnel can supervise, monitor, and/or administer medication within the limits of the Nurse Practice Act, Section 54-1402(d), Idaho Code; and (11-10-81)

b. Such treatment can be part of the ~~*recipient's medical care*~~ participant's treatment plan. ~~*and f*~~Frequency and duration of the treatment must be specified. ~~*(11-10-81)*~~(12-1-03)T

10. Partial Care. Partial ~~*c*~~Care ~~*services will be a structured program and will be directed toward the maintenance of socio-emotional levels, reduction of psychosocial dysfunctioning, and the promotion of psychosocial levels of functioning insuring the optimal level of function and independence.*~~ is intensive treatment for those whose functioning is sufficiently disrupted so as to seriously interfere with their productive involvement in daily living. Partial Care services are a structured program of therapeutic interventions that assist program participants in the stabilization of their behavior and conduct through the application of principles of behavior modification for behavior change and structured, goal-oriented group socialization for skill acquisition. The goal of Partial Care services is to decrease the severity and acuity of presenting symptoms so that the program participant may be maintained in home and school settings and to increase the program participants' interpersonal skills in order to obtain the optimal level of interpersonal adjustment. ~~*(3-30-01)*~~(12-1-03)T

a. ~~*To qualify as a*~~ Qualifications of Partial Care Services. ~~*it must include an individual treatment plan based on concrete measurable goals and outcomes. The service must be offered a minimum of three (3) continuous hours daily, four (4) days per week; and*~~ In order to be considered a Partial Care service, the service must: ~~*(3-30-01)*~~(12-1-03)T

i. Be provided in a structured environment within the MHC setting; (12-1-03)T

ii. Be a needed service as indicated on the treatment plan with documented, concrete, and measurable goals and outcomes; and (12-1-03)T

iii. Provide interventions for relieving symptoms and acquiring specific skills. Every intervention must have a therapeutic intent as identified on the treatment plan. No other interventions are sanctioned nor are they reimbursable. (12-1-03)T

b. Limit on Treatment Hours. Treatment will be limited to fifty-six (56) hours per week per eligible ~~*recipient; and*~~ participant. ~~*(7-8-90)*~~(12-1-03)T

c. Criteria for Partial Care Service Program Participants. In order for a MHC program participant to be eligible for Partial Care Services the following criteria must be met and documented: (12-1-03)T

i. Assessments completed within the previous twelve (12) months have documented that the participant has any combination of emotional, behavioral, neurobiological or substance abuse problems that significantly impair social and occupational functioning. The intake assessment must document that the participant is presently at risk for an out-of-home placement, further clinical deterioration that would lead to an out-of-home placement, or further clinical deterioration which would interfere with the participant's ability to maintain current level of functioning. (12-1-03)T

ii. Other less intensive services have failed or are not appropriate for the clinical needs of the participant. For purposes of this rule, intensive services are interventions designed to be provided in an on-going or iterative process. (12-1-03)T

iii. For each participant, the services can reasonably be expected to improve the participant's condition or prevent further regression so that the current level of care is no longer necessary. (12-1-03)T

e~~c~~d. Partial care service~~s *offered on an extension basis less than this standard are allowable when such services are directly affiliated with a partial care service that meets this standard; and*~~ is not appropriate for certain people. Persons identified in the list below are disqualified from participating in Partial Care services: ~~*(11-10-81)*~~(12-1-03)T

i. Persons at immediate risk of self-harm or harm to others; (12-1-03)T

ii. Persons needing more restrictive care or inpatient care; and (12-1-03)T

iii. Persons who have not fulfilled the requirements of Subsection 469.10.c. of this rule. (12-1-03)T

~~d~~e. Partial Care Services Must Be on the Treatment Plan. Partial care services ~~*will*~~ must be part of the ~~*recipient's medical care*~~ participant's treatment plan which must specify the amount, frequency, and expected duration of treatment~~*; and*~~. ~~*(11-10-81)*~~(12-1-03)T

~~e~~f. Provider Qualifications for Partial Care Services. Licensed, qualified professionals providing partial care services must have, at a minimum, one (1) or more of the qualifications listed in Subsection 466.0~~4~~3 of these rules. ~~*(3-15-02)*~~(12-1-03)T

g. Excluded Services. Services that focus on socialization, vocation, recreation or education are not reimbursable under Medicaid Partial Care. (12-1-03)T

470. RECORD KEEPING REQUIREMENTS FOR MENTAL HEALTH CLINICS.

01. Maintenance. Each mental health clinic will be required to maintain records on all services provided to MA ~~*recipients*~~ participants. ~~*(3-30-01)*~~(12-1-03)T

02. Record Contents. The records must contain a current treatment plan ordered by a physician and must meet the requirements as set forth in Subsection 466.0~~3~~1. ~~*(3-30-01)*~~(12-1-03)T

03. Requirements. The records must: (3-30-01)

a. Specify the exact type of treatment provided; and (11-10-81)

b. Who the treatment was provided by; and (11-10-81)

c. Specify the duration of the treatment; and (11-10-81)

d. Contain detailed records which outline exactly what occurred during the therapy session or ~~*recipient*~~ participant contact documented by the person who delivered the service; and ~~*(11-10-81)*~~(12-1-03)T

e. Contain the legible, dated signature, with degree credentials listed, of the staff member performing the service. (11-10-81)

04. Non-Reimbursable. Any service not adequately documented in the ~~*recipient's*~~ participant's record by the signature of the therapist providing the therapy or ~~*recipient*~~ participant contact, the length of the therapy session, and the date of the contact, will not be reimbursed by the Department. ~~*(3-30-01)*~~(12-1-03)T

05. Non-Eligible Providers. Any treatment or contact provided as a result of a treatment plan performed by any staff other than as set forth herein will not be eligible for reimbursement by the Department.

(3-30-01)

06. **Recoupment**. If a record is determined not to meet minimum requirements as set forth herein any payments made on behalf of the ~~*recipient*~~ participant are subject to recoupment. ~~*(3-30-01)*~~(12-1-03)T

(BREAK IN CONTINUITY OF SECTIONS)

472. BUILDING STANDARDS FOR MENTAL HEALTH CLINICS.

01. **Accessibility**. Mental health clinic service providers must be responsive to the needs of the service area and persons receiving services and accessible to persons with disabilities as defined in Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act, and the uniform federal accessibility standard. (12-1-03)T

02. **Environment**. Clinics must be designed and equipped to meet the needs of each participant including, but not limited to, factors such as sufficient space, equipment, lighting and noise control. (12-1-03)T

03. **Capacity**. Clinics must provide qualified staff as listed in Subsection 466.03 of these rules to meet a staff to participant ratio that ensures safe, effective and clinically appropriate interventions. (12-1-03)T

04. **Fire And Safety Standards**. (12-1-03)T

a. Clinic facilities must meet all local and state codes concerning fire and life safety. The owner/operator must have the facility inspected at least annually by the local fire authority. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available upon request and must include documentation of any necessary corrective action taken on violations cited; and (12-1-03)T

b. The clinic facility must be structurally sound and must be maintained and equipped to assure the safety of participants, employees and the public; and (12-1-03)T

c. In clinic facilities where natural or man-made hazards are present, suitable fences, guards or railings must be provided to protect participants; and (12-1-03)T

d. Clinic facilities must be kept free from the accumulation of weeds, trash and rubbish; and (12-1-03)T

e. Portable heating devices are prohibited except units that have heating elements that are limited to not more than two hundred twelve (212F) degrees Fahrenheit. The use of unvented, fuel-fired heating devices of any kind are prohibited. All portable space heaters must be U.L. approved as well as approved by the local fire or building authority; and (12-1-03)T

f. Flammable or combustible materials must not be stored in the clinic facility; and (12-1-03)T

g. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (12-1-03)T

h. Water temperatures in areas accessed by participants must not exceed one hundred twenty (120) degrees Fahrenheit; and (12-1-03)T

i. Portable fire extinguishers must be installed throughout the clinic facility. Numbers, types and location must be directed by the applicable fire authority noted in Subsection 472.04 of these rules; and (12-1-03)T

j. Electrical installations and equipment must comply with all applicable local or state electrical requirements. In addition, equipment designed to be grounded must be maintained in a grounded condition and

extension cords and multiple electrical outlet adapters must not be utilized unless U.L. approved and the numbers, location, and use of them are approved, in writing, by the local fire or building authority. (12-1-03)T

k. There must be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone or where they can be easily accessed; and (12-1-03)T

l. Furnishings, decorations or other objects must not obstruct exits or access to exits. (12-1-03)T

05. Emergency Plans And Training Requirements. (12-1-03)T

a. Evacuation plans must be posted throughout the facility. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (12-1-03)T

b. There must be written policies and procedures covering the protection of all persons in the event of fire or other emergencies; and (12-1-03)T

c. All employees must participate in fire and safety training upon employment and at least annually thereafter; and (12-1-03)T

d. All employees and partial care participants must engage in quarterly fire drills. At least two (2) of these fire drills must include evacuation of the building; and (12-1-03)T

e. A brief summary of the fire drill and the response of the response of the employees and partial care participants must be written and maintained on file. The summary must indicate the date and time the drill occurred, problems encountered and corrective action taken. (12-1-03)T

06. Food Preparation And Storage. (12-1-03)T

a. If foods are prepared in the clinic facility, they must be stored in such a manner as to prevent contamination and be prepared by sanitary methods. (12-1-03)T

b. Except during actual preparation time, cold perishable foods must be stored and served under forty-five (45F) degrees Fahrenheit and hot perishable foods must be stored and served over one hundred forty (140F) degrees Fahrenheit. (12-1-03)T

c. Refrigerators and freezers used to store participant lunches and other perishable foods used by participants, must be equipped with a reliable, easily-readable thermometer. Refrigerators must be maintained at forty-five (45F) degrees Fahrenheit or below. Freezers must be maintained at zero (0F) to ten (10F) degrees Fahrenheit or below. (12-1-03)T

d. When meals are prepared or provided for by the clinic, meals must be nutritional. (12-1-03)T

07. Housekeeping And Maintenance Services. (12-1-03)T

a. The interior and exterior of the clinic facility must be maintained in a clean, safe and orderly manner and must be kept in good repair; and (12-1-03)T

b. Deodorizers cannot be used to cover odors caused by poor housekeeping or unsanitary conditions; and (12-1-03)T

c. All housekeeping equipment must be in good repair and maintained in a clean, safe and sanitary manner; and (12-1-03)T

d. The clinic facility must be maintained free from infestations of insects, rodents and other pests; and (12-1-03)T

e. The clinic facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning, or other means. (12-1-03)T

f. Garbage will be disposed of in a sanitary manner. It must not be allowed to accumulate and must be placed in leak-proof bags. (12-1-03)T

08. Firearms. No firearms are permitted in the clinic facility. (12-1-03)T

09. Plumbing. Restroom facilities must be maintained in good working order and available and accessible to participants while at the clinic in accordance with the Americans with Disabilities Act. This includes the presence of running water for operation of the toilet and washing hands. (12-1-03)T

10. Lighting. Lighting levels must be maintained throughout the clinic facility which are appropriate to the service being provided. (12-1-03)T

11. Drinking Water. Where the source is other than a public water system or commercially bottled, water quality must be tested and approved annually by the district health department. (12-1-03)T

47~~2~~3. -- 475. (RESERVED).

2004 - Health and Welfare Senate Temporary Rule (Salmon)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.11 - RULES GOVERNING INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)

DOCKET NO. 16-0311-0101

NOTICE OF AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The amendment to the temporary rule is effective July 1, 2000. The amendment to the temporary rule has been adopted by the agency in compliance with Section 67-5226, Idaho Code.

AUTHORITY: In compliance with Section 67-5226, Idaho Code, notice is hereby given that this agency has adopted amendments to the previously adopted temporary rule. The action is authorized pursuant to Section(s) 39-1303a, 39-1307 and 67-6532, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

In Subsection 310.05 a typographical error will be corrected. The correction was made in the sentence stating: "The total number of licensed and Medicaid Certified ICF/MR beds shall not exceed four hundred eighty-six (486), not (468), at any given time." The correction is made pursuant to Section 67-5226, Idaho Code.

The original text of the temporary rule was published in the January 3, 2001 Administrative Bulletin, Volume 01-1, pages 123 and 124.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the amendment to temporary rule, contact Sylvia Creswell at (208) 364-1863.

DATED this 4th day of February, 2002.

Sherri Kovach
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
P.O. Box 83720, Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 332-7347 fax
kovachs@idhw.state.id.us

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 16-0311-0101

SUBSECTION 310.05

310. APPLICATION FOR INITIAL LICENSE.
Application for an initial license to operate an ICF/MR facility will be governed by the following rules: (7-1-80)

05. Total Number Of Licensed And Medicaid Certified ICF/MR Beds. The total number of licensed and Medicaid Certified ICF/MR beds shall not exceed four hundred eighty-six (4~~68~~86) at any given time. To accommodate the needs of ICF/MR eligible consumers, twelve (12) of the total beds within this limitation shall be reserved for time-limited emergency use as specified in Subsection 320.02 of this chapter. ~~*(7-1-00)T*~~(7-1-00)T

2004 - Health and Welfare Senate Temporary Rule (Salmon)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.11 - RULES GOVERNING INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)

DOCKET NO. 16-0311-0101

NOTICE OF TEMPORARY RULE

EFFECTIVE DATE: The temporary rule is effective July 1, 2000.

AUTHORITY: In compliance with Section 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule. The action is authorized pursuant to Section(s) 39-1303a, 39-1307 and 67-6532, Idaho Code.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of the supporting reasons for temporary rulemaking.

There are currently four hundred and seventy-four (474) community ICF/MR beds. The bed cap is set at four hundred and eighty-six (486) leaving the use of the other twelve (12) beds to be determined. The rules will state that the twelve (12) beds will be used for temporary emergency use, whereby ICF/MR's may request a temporary time-limited waiver to exceed the bed capacity at a specific facility, to accommodate the emergency placement needs of consumers.

The rule change is temporary only and covers the time period of July 1, 2000 to June 30, 2001. On June 30, 2001, the rule will become null and void. The rule is a temporary measure intended to achieve compliance with 2000 Legislative Intent Language, while the Department works collaboratively with providers and advocates to develop and implement long range cost controls.

TEMPORARY RULE JUSTIFICATION: The temporary rule has been adopted in accordance with Section 67-5226, Idaho Code and is necessary in order to comply with deadlines in amendments to governing law or federal programs.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary rule, contact Sylvia Creswell at (208) 364-1863.

DATED this 5th day of December, 2000.

Sherri Kovach
Administrative Procedures Coordinator
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450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone
(208) 332-7347 fax

THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0311-0101

310. APPLICATION FOR INITIAL LICENSE.
Application for an initial license to operate an ICF/MR facility will be governed by the following rules: (7-1-80)

01. Form Of Application. All persons planning the operation of a facility must apply to the

Department for an initial license on a form provided by the Department. This application must be submitted to the Department at least ninety (90) days prior to the planned opening date. (7-1-80)

02. Additional Documents Required. In addition to the application form, the following must be submitted prior to occupancy: (7-1-80)

a. A certificate of occupancy from the local building and fire authority. (7-1-80)

b. Evidence of staffing patterns, qualifications of employees, and organizational design. (7-1-80)

c. If the facility is owned by a corporation, the names and addresses of all officers and stockholders having more than five percent (5%) ownership. (7-1-80)

03. Status Of Existing License Pending Renewal. When an application for renewal of a license has been made in the proper manner and form, the existing license will, unless revoked, remain in force and effect until the Department has acted on the application for renewal. (7-1-80)

04. Change Of Ownership. Before a new owner can operate a facility, he must submit a new application for a license and must receive the license from the Department. (7-1-80)

05. Total Number Of Licensed And Medicaid Certified ICF/MR Beds. The total number of licensed and Medicaid Certified ICF/MR beds shall not exceed four hundred eighty-six (468) at any given time. To accommodate the needs of ICF/MR eligible consumers, twelve (12) of the total beds within this limitation shall be reserved for time-limited emergency use as specified in Subsection 320.02 of this chapter. (7-1-00)T

2004 - Health and Welfare Senate Temporary Rule (Salmon)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.06.01 - RULES GOVERNING FAMILY AND CHILDREN'S SERVICES

DOCKET NO. 16-0601-0401

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: These temporary rules are effective July 1, 2003.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 16-1624, 16-2001, 16-2402, 56-202(b), 56-203(b), 56-204(a), 56-204A, 56-1003, and 56-1004, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than January 21, 2004.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a non-technical explanation of the substance and purpose of the proposed rulemaking:

The 2003 Legislature provided for foster care payment rates to increase beginning July 1, 2003. The rate table in Section 483 is being amended to reflect this increase.

The proposed rule text is in legislative format. Language the agency proposes to add is underlined. Language the agency proposes to delete is struck out. It is these additions and deletions to which the public comment should be addressed.

TEMPORARY RULE JUSTIFICATION: Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to comply with deadlines in amendments to governing law or federal regulations.

NEGOTIATED RULEMAKING: Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because amendments were made to confer a benefit.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Chuck Halligan, (208) 334-6559.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before January 28, 2004.

DATED this 11th day of August, 2003.

Sherri Kovach
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Administrative Procedures Section
DHW – Administrative Procedures Section
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THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0601-0401

483. PAYMENT TO FAMILY FOSTER CARE PROVIDERS.
Monthly payments for care provided by foster care families are:

Family Foster Care Payments - Table 483			
Ages	0-5	6-12	13-18
Monthly Room and Board	$~~*251*~~ 261	$~~*275*~~ 286	$~~*394*~~ 410

~~*(3-30-01)*~~(7-1-03)T

01. Gifts. An additional thirty dollars ($30) for Christmas gifts and twenty dollars ($20) for birthday gifts shall be paid in the appropriate months. (3-18-99)

02. Clothing. Costs for clothing shall be paid, based upon the Department's determination of each child's needs. All clothing purchased for a child in alternate care becomes the property of the child. (3-18-99)

03. School Fees. School fees due upon enrollment shall be paid, based upon the Department's determination of the child's needs. (3-18-99)

Subject Index